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ABSTRACT

This student workbook describes a prevention education curriculum about sexually transmitted diseases (STDs), including HIV/AIDS, discussing: "Why Learn About STD/HIV?"; "Objectives"; "Self-Test: Discovering What I Know - 1"; Self-Test: Discovering What I Believe - 1"; "STD/HIV Fact #1: The STD/HIV Problem" (e.g., size of the problems and serious health problems caused by STD/HIV); "STD/HIV Fact #2: Avoiding STD/HIV" (e.g., STD/HIV organisms and transmission and preventing STD/HIV); "STD/HIV Fact #3: Recognizing An STD/HIV Infection" (e.g. being aware of one's own body and important symptoms); "STD/HIV Fact #4: Seeking Testing and Treatment" (confidential testing and treatment for minors and finding medical help); "STD/HIV Fact #5: Getting Partners to Testing and Treatment"; "STD/HIV Fact #6: Stopping the Spread of STD/HIV" (e.g., being responsible about one's own health and the health of others, and promoting STD/HIV prevention efforts); "Possible Solutions to Life Situations"; "I Learned That..."; "STD/HIV Prevention Action Checklist"; "STD/HIV Avoidance Skills" (e.g., clarifying family values, talking about prevention, and finding help); "Self-Test: Discovering What I Know - 2"; "Self-Test: Discovering What I Believe - 2"; "Female Reproductive System"; "Male Reproductive System"; "Summary Charts of Important STDs"; "Pronouncing Glossary"; "Index"; "STD/HIV Summary Sheet"; and "Sources of STD/HIV Help." (SM)

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STDs & HIV: A Guide for Today's Teens
2nd Edition
Student Manual

William L. Yarber

American Association for Health Education
Rural Center for AIDS/STD Prevention

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A Guide for Today's Teens

2nd Edition

William L. Yarber

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STUDENT MANUAL

STDs & HIV

A Guide for Today's Teens

2nd Edition
Student Manual

William L. Yarber
Indiana University

Sponsored Jointly by the

American Association for Health Education
an association of the
American Alliance for Health, Physical Education, Recreation and Dance

and the

Rural Center for AIDS/STD Prevention
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The American Alliance for Health, Physical Education, Recreation and Dance is an educational organization designed to support, encourage, and provide assistance to member groups and their personnel nationwide as they initiate, develop, and conduct programs in health, leisure, and movement-related activities. The Alliance seeks to:

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- Coordinate and administer a planned program of professional, public, and government relations that will improve education in areas of health, leisure, and movement-related activities.
- To conduct other activities for the public benefit.

The Rural Center for AIDS/STD Prevention (RCAP) is a joint project of Indiana University, Purdue University, and Texas A&M University. The major focus of RCAP, headquartered at Indiana University, is the promotion of HIV/STD prevention in rural America.

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Why Learn About STD/HIV?

Sexually transmitted diseases (STDs) are a serious health problem in our country. More than 15 million people in the United States become infected with an STD each year. About a quarter of the new STD cases occur in teenagers. Over 25% of teens are at high risk of acquiring an STD. In addition, half of all new HIV infections occur in people under age 25. *You should learn about STDs because your behaviors are the key to avoiding these diseases.*

STDs can be passed in several ways. The most common is through sexual contact with an infected person. STDs can also be transmitted by infected blood, such as in injecting drug equipment, and from an infected mother to her child. Unless treated early, most STDs lead to more serious health problems. STDs can cause sterility, cancer, nervous system damage, heart disease, arthritis, and harm to babies. One STD, HIV/AIDS, usually leads to an earlier death.

Chlamydia, genital warts, human papillomavirus/genital warts, gonorrhea, HIV infection and AIDS, and trichomoniasis are some major STDs. Nine important STDs are described in this book.

A major reason why you should learn about STD/HIV is because studies have shown that many teenagers don't know all of the important facts about STD/HIV. Yet, many teens want to learn more and consider STD/HIV a serious problem facing teens.

Individual prevention is the most effective solution to controlling STDs. This book will help you learn how to avoid STDs. It will tell you:

- how STDs are and are not passed
- what to do to keep from getting an STD
- how to recognize STD symptoms
- where to get STD medical care and information
- how to get partners to testing and treatment
- how you can help control STDs

Some of the terms used in this book may be confusing. Many terms are defined in the glossary. Use it to look up difficult terms. In this book, STD/HIV is used to refer to both STDs and HIV. Although

STDs and HIV are different, most of the health behaviors of transmitting and avoiding these diseases are the same, and are therefore discussed at the same time.

Now, go to the next page and read the objectives of the book.

Objectives

After completing this book, you should know and be able to discuss:

- the STD/HIV problem among teenagers.
- the health problems caused by STD/HIV.
- how STD/HIV are and are not transmitted.
- ways to avoid and reduce one's risk of STD/HIV.
- who can help you avoid STD/HIV.
- the major symptoms of STD/HIV.
- what to do if an STD/HIV infection is suspected.
- where you can get STD/HIV information, counseling, testing, and medical care.
- ways to get a sex or drug-using partner to a health care provider.
- what can be done to help stop the spread of STD/HIV.

You should also be able to:

- recognize that STD/HIV are a serious problem among teenagers.
- accept that risky sexual and injecting drug behavior can result in STD/HIV infection.
- feel responsible to practice STD/HIV prevention and risk reduction.
- accept the importance of others in helping you learn to avoid STD/HIV.
- feel responsible to get any sex or drug-using partners to testing and treatment if you becomes exposed to or infected with STD/HIV.
- accept the responsibility of being a positive role model for STD/HIV prevention.
- be willing to provide accurate STD/HIV information and advice to others.
- desire to show support for persons with STD/HIV.

To help stop STD/HIV, you should:

- avoid sexual exposure to STD/HIV.
- not use injecting drugs or share needles.
- resist peer pressure to practice risky behavior.
- communicate STD/HIV concerns to friends, dates, and partners.
- avoid exposing others if an STD/HIV infection is diagnosed or suspected.
- seek prompt medical care if an STD/HIV infection is suspected.
- follow health care provider's directions if treated for STD/HIV.
- get all sex and drug-using partners to medical care if you have STD/HIV.
- be supportive and helpful to persons infected with STD/HIV.
- serve as an accurate source of STD/HIV information and advice.
- serve as a positive role model to others.
- promote healthy behaviors among peers.
- seek the help of informed or qualified persons concerning STD/HIV issues.
- promote STD/HIV prevention, research, and health care.

SELF-TEST
Discovering What I Know - 1

Circle the letter T or F for each statement below to indicate whether it is true or false. Use another sheet if you cannot keep this book or are concerned others may see your responses here. You will not be graded on this test. While you are *not* required to answer these questions, this test will show you how much you already know about STD/HIV. Use the Pronouncing Glossary on page 109 to look up words you may not know.

Answer Key: T = True
F = False

T F 1. Most teenagers who are sexually active can accurately estimate their risk for STD/HIV.

T F 2. There are several STDs other than HIV infection that teenagers should be concerned about.

T F 3. Females and males are equally susceptible to STDs.

T F 4. A person does not need to worry about getting an STD unless the person has a lot of sex partners.

T F 5. STD/HIV can be transmitted only by sexual intercourse.

T F 6. Having an STD increases the risk of HIV infection.

T F 7. Sexual abstinence from any type of intercourse and oral sex is the only completely reliable way to avoid STD/HIV.

T F 8. The use of the latex condom reduces the risk of STD/HIV, but does not completely eliminate risk.

T F 9. Most teenagers would know if a sexual partner has an STD.

T F 10. The early symptoms of most STDs are usually noticeable for females and males.

T F 11. A person who suspects an STD/HIV infection should stop having sex and quickly get to a health care provider for an STD/HIV check-up.

T F 12. Persons with different partners should have regular check-ups even if they don't have STD/HIV symptoms.

T F 13. Persons under the age of 18 are required to get permission from their parents to get STD/HIV treatment and counseling.

T F 14. Routine physical examinations usually include tests for STD/HIV.

T F 15. A person can get an STD again after being cured by having sexual contact with a partner who is not cured.

ANSWERS: The correct answers are below. The page number in this book where the answer is discussed is in the parentheses.

1. F (p. 8)	5. F (p. 21)	9. F (p. 28)	13. F (p. 42)
2. T (p. 9)	6. T (p. 23)	10. F (p. 39)	14. F (p. 45)
3. F (p. 13)	7. T (p. 25)	11. T (p. 39)	15. T (p. 54)
4. F (p. 21)	8. T (p. 25)	12. T (p. 42)	

SELF-TEST
Discovering What I Believe - 1

Circle the letter (D,A) for each statement below that is most like what you think. Use another sheet if you cannot keep this book. You will not be graded on this test. While you are *not* required to take this test, you might enjoy learning about some of your beliefs.

Answer Key: D = Disagree, A = Agree

D A 1. People are making too big a deal out of STD/HIV.
D A 2. People get infected with STD/HIV because they are unlucky.
D A 3. Practicing sexual abstinence to avoid STD/HIV is taking the STD/HIV problem too seriously.
D A 4. Using condoms to reduce STD/HIV risk is unwise.
D A 5. Persons infected with STD/HIV are not obligated to get their sex partners to a health care provider.
D A 6. STD/HIV doctors and health care providers cannot be trusted.
D A 7. Anyone with an STD/HIV infection who gives the name of a sex partner to a health care provider is a "squealer."
D A 8. People with an STD/HIV infection do not deserve help from others because they got what they deserve.
D A 9. Students with an STD/HIV infection should not be permitted in school.
D A 10. It is best to stop being friends with someone who has STD/HIV.
D A 11. STD/HIV infection is not a problem in my school.
D A 12. STD/HIV prevention education in schools is a waste of time.

RESULTS: If you decided:

D Your beliefs help control STD/HIV.
A You lack an understanding about STD/HIV prevention.

STD/HIV FACT #1
The STD/HIV Problem

Did you know that

- more than 25 diseases can be spread by sexual contact.
- some STDs are more common among teenagers than adults.
- STD/HIV can cause serious health problems and death.

STDs: The "Hidden Epidemics"

Sexually transmitted diseases*, or **STDs**, are the most commonly reported **infectious diseases** in the United States. Five of the top ten most reported infectious diseases are STDs. They have serious health and economic outcomes. Yet, leading health experts label the STDs as "hidden epidemics."

STDs are "hidden" because many Americans are unaware of how serious the STD **epidemics** are in the U.S. Further, many STDs do not show early **symptoms**. Because social **stigma** hinders open discussion about sexual health issues, STDs remain a dangerous secret. Infected persons who do not have symptoms may not seek medical care and can unknowingly spread the STD to others.

Partially because of the "hidden" nature of STDs many **sexually active** teenagers underestimate their risk of contracting an STD. They think it won't happen to them. Many teens and other young adults lack adequate knowledge and concern about STDs, and most teenagers underestimate the number of teens who have an STD.

---

* Words in bold print are defined in the Pronouncing Glossary on page 109. A guide on how to pronounce the most difficult words is also given.

As you will learn later, several STDs are widespread in the U.S., particularly among teens and other young adults. Hence, there is no single STD epidemic, but rather many "hidden epidemics" of STDs.

Some health professionals are starting to use the term, sexually transmitted infections, or STIs, believing it may be less judgmental than the term STDs. Someday this new term may replace STDs, although STDs is still the most common term.

Some Important STDs

More than 25 diseases are spread primarily through sexual contact. Some STDs affect only a few people, and some do not cause serious health problems. Other STDs affect many people and can cause severe body damage and death.

Even though STDs have always been a serious problem, many people have become particularly scared since the **AIDS** problem emerged. Teenagers who practice **risky behavior** can become infected with the human immunodeficiency virus (**HIV**), the cause of AIDS. Therefore, young people should be concerned about AIDS. However, teens and other young adults should also be concerned about other STDs. They have a greater chance of contracting chlamydia, gonorrhea, or genital **warts**, for example, than HIV.

Nine important sexually transmitted diseases are listed in Table 1. You should know how to avoid them and how to get treated. You can learn more details from the Summary Charts of Important STDs that begin on page 94.

Table 1. Nine Important STDs

Chlamydia Infections (klah-MID-ee-ul in-FECK-shuns)	A common cause of **pelvic inflammatory disease** and **sterility** in women as well as **urethritis** in men.
Genital Herpes (JEN-a-tul HERP-eez)	A disease caused by a **virus** that cannot be cured.

Gonorrhea (GON-oh-REE-uh)	A common cause of pelvic inflammatory disease and sterility in women as well as urethritis in men.
Hepatitis (hep-uh-TITE-us)	An infection of the liver, sometimes acquired sexually.
HIV Infection and AIDS Human Immunodeficiency Virus (HYOO-men im-YOON-oh-de-FISH-un-see VY-rus) Acquired Immunodeficiency Syndrome (uh-CHOIR-d im-YOON-oh-de-FISH-un-see SIN-drome)	Infection with HIV usually leads to AIDS. There is no cure or **vaccine** for HIV/AIDS.
Human Papillomavirus (HPV) Genital Warts (HYOO-men pap-uh-LO-muh VY-rus) (JEN-a-tul WORTS)	**HPV** is a virus that sometimes causes genital warts found on or around the genitals, **cervix** or **rectum**. Many HPV infections have no noticeable symptoms.
Pediculosis Pubis (pa-DIK-you-LO-sis PUE-bus)	Pubic lice or "crabs" found in the pubic hair.
Syphilis (SIF-i-liss)	Can cause serious body damage, but is much less common than other STDs.
Trichomoniasis (TRIK-uh-MOE-NYE-uh-SIS)	Common infection of the **vagina**.

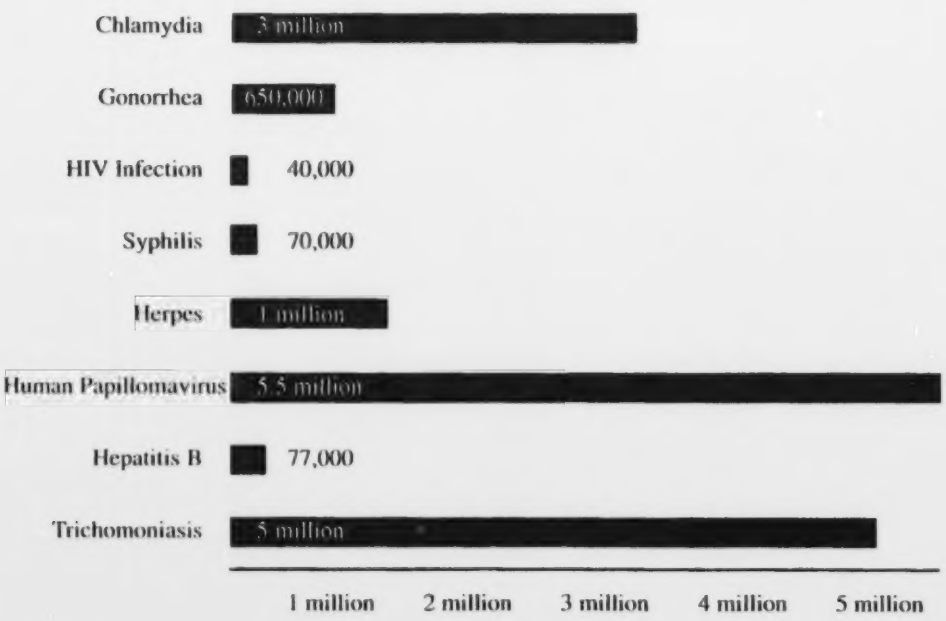
Size of the Problem

Some of the latest available reports indicate that STDs are very common in the U.S. The U.S. Public Health Service's Centers for Disease Control and Prevention (CDC) reported that STDs accounted for 87%

of all cases of the most frequently reported infectious diseases. Of the top ten infections, five were STDs: chlamydia, gonorrhea, AIDS, syphilis, and hepatitis B. Some STDs, such as syphilis, have been brought to all time lows. Other STDs, like chlamydia, genital herpes, HIV, trichomoniasis, and HPV/genital warts continue to spread.

More than 65 million people in the U.S. have an incurable STD. An estimated additional 15 million people become infected with one or more STDs each year, about half of which are lifelong infections (see Figure 1). However, it is not possible to know the exact number of cases. Many STDs go undetected since they have no noticeable symptoms.

Figure 1. Estimated Annual New Cases of STDs



Source: Adopted from American Social Health Association (1998), Cates (1999), Centers for Disease Control and Prevention (2001).

Since the first cases of what was later known as AIDS were reported in the U.S. in 1981, more than 750,000 AIDS cases have been reported nationwide. More than 300,000 people in the U.S. are living with AIDS, the advanced form of HIV infection. The United Nations AIDS program (UNAIDS) estimates that about 47 million people throughout the world have been infected with HIV. An estimated 36 million people are living with HIV or AIDS. UNAIDS also estimated 5.3 million new infections and 3 million deaths of children and adults in 2000. Rates of new infections are greatest for sub-Saharan Africa. **Heterosexual** contact is the primary mode of HIV transmission worldwide.

Persons with STD/HIV

Anyone, regardless of age, gender, race/ethnicity, social status, or **sexual orientation** (heterosexual, **homosexual, bisexual**) can get an STD. Even infants can become infected before, during, or after birth if the mother has STD/HIV. What people do—not who they are—exposes them to the organisms that cause STDs. Engaging in certain risky behavior with an infected person can expose you to STD/HIV. Risky behavior is discussed in STD/HIV FACT #2 on page 19.

Every state in the U.S. has reported STD/HIV cases. STD/HIV cases have been **diagnosed** everywhere, including small towns and rural areas, suburbs, and large cities. Children, teenagers, and adults—both females and males—have been infected. However, some population groups in the U.S. have higher STD/HIV **rates** than others. This disparity reflects age, gender, and racial/ethnic differences.

Age. Teenagers are at high risk for acquiring most STDs. Actually, some STDs are more common among teens than adults. About one-fourth of new STD cases are in teenagers, and every year about one in four sexually active teens gets an STD. Two-thirds of STD cases occur in people ages 15-24. By age 24, at least one-third of **sexually experienced** people will have acquired an STD. Half of the new HIV infections in the U.S. each year occur among young people ages 13-24. Young adults ages 13-25 are contracting HIV at the rate of two per hour.

Chlamydia, gonorrhea, genital herpes, HPV, and trichomoniasis are the most common STDs among teens and other young adults. Rates of gonorrhea are highest in females ages 15-19 and males ages 20-24. Between 15-20% of young men and women become infected with genital herpes by the time they reach adulthood.

Teens and other young adults are at greater risk because they are more likely to have several partners over time (also called **multiple sex partners**) rather than one long-term partner. They are also more likely to engage in risky behavior and to select higher-risk partners. Further, teenage women are more susceptible to chlamydia, gonorrhea, and HIV infection because of a more immature **cervix** (see page 90 for a diagram of the female reproductive system).

Gender. By far, women bear the greatest burden of STDs, although men are certainly impacted by STDs as discussed here. STDs are more easily transmitted from men to women than from women to men. Women suffer greater damage to their health and reproductive systems than men. Women are also less likely to have noticeable early STD symptoms.

Women represent a growing proportion of new AIDS cases. Currently, women represent about one-quarter of AIDS cases, up from 7% of cases in 1986. About 30% of new HIV infections are women. Teenage females now account for more than half of new AIDS cases among those ages 13-19. Heterosexual contact and **injecting drug** use each account for about four of every ten AIDS cases in the U.S. for women. Currently, HIV transmission from heterosexual contact is increasing in the U.S. STD/HIV is not common among women who have sex with women (**WSW**).

The overall HIV infection rates for men who have sex with men (**MSM**) have declined since the beginning of the AIDS epidemic. But, the rate of HIV infection has recently increased for some groups of young MSM who continue to be at high risk for HIV. MSM account for about four of every ten new HIV infections annually in the U.S. They also account for about six of every ten new HIV infections in men. Nearly sixty percent of the AIDS cases in the U.S. for men are MSM, with about

one-fifth occurring from injecting drug use. Six percent of the AIDS cases among men in the U.S. are from heterosexual contact.

Race/Ethnicity. Although STDs are widespread among different racial/ethnic groups, STD rates tend to be higher among African Americans and Latinos. For example, in 2000 the reported gonorrhea rates for African Americans and Latinos were 30 and 3 times higher, respectively, than the rate reported for non-Hispanic whites. The majority of new AIDS cases and Americans living with AIDS are minority Americans. In 2000, African Americans and Latinos accounted for 49% and 20% of newly reported AIDS cases, respectively. However, African Americans represent only 12% of the U.S. population and Latinos represent 13%. In the U.S., AIDS is the second leading cause of death among African Americans and the fourth leading cause of death among Latinos, ages 25-44. AIDS is the fifth leading cause of death for whites in the same age group.

Young African Americans represent about six of every ten new AIDS cases for ages 13-19. Latinos represent about one-quarter of new cases for ages 13-19. Factors related to higher STD rates among minority Americans include poverty, homelessness, poor health care, drug use, and living in communities with high STD rates.

Serious Health Problems Caused by STD/HIV

The list of problems caused by STD/HIV seems almost endless. Without medical attention, some STDs can lead to permanent body damage. For example, sterility, cancer, nervous system damage, blindness, arthritis, heart disease, and even death can occur. Women and infants suffer more serious health damage than do men from most STDs. However, many more males have died from AIDS.

Several billion dollars are spent yearly for STD/HIV tests, treatment, health care, research, and prevention. Time is lost from school and work. Lives may be shortened. Money spent for medicine and research on STD/HIV could be used for other health problems.

The outcome of being HIV infected can be very severe. Persons with AIDS can become very ill, with much pain and suffering. Some

cannot continue to work or go to school. Persons with AIDS usually develop or acquire diseases that can lead to death. CDC reports that more than 450,000 persons in the U.S. have died from AIDS. In the past few years, advances in HIV treatments led to a dramatic decline in AIDS deaths and slowed the progression of HIV to AIDS. However, recently the rate of decline in both deaths and new AIDS cases has slowed.

Untreated STDs in women can cause pelvic inflammatory disease (PID). Each year over a million women in the U.S. suffer from PID. The germs that cause gonorrhea and chlamydial infections are the most common cause of PID. They damage the reproductive system and lead to **ectopic pregnancy**, miscarriage, and infertility. Even though PID can be cured, there may be repeated pain in the pelvic area for many years.

Untreated syphilis in adults can cause heart damage, blindness, insanity, and death. Infants born with syphilis can suffer brain damage, blindness, deformity, and death.

Genital herpes cannot be cured. Once the virus enters the body, it remains for life. The virus produces painful, itching sores on or around the genitals that last several days. In some people, these sores recur several times during a year. Babies born to women infected with herpes are at risk for permanent health problems and even death.

Cancer of the cervix is known to occur more often in women with certain types of HPV infection. Persistent cervical infections with HPV are the most important risk factors for cervical cancer. On very rare occasions, certain types of HPV have lead to penile cancer in men and anal cancer in both men and women.

Why the STD/HIV Problem?

There are many reasons why STD/HIV is such a large problem. For example, the biology of many STDs, peoples' risky health behaviors, poor living conditions, and the silent nature of STDs in the U.S. contribute to the STD/HIV problem.

In some ways, STDs are more difficult for medical providers to deal with than many other **communicable diseases**. STDs caused by a

virus, such as HIV infection and genital herpes, cannot be cured and stay in a person's body for the rest of his or her life. Some STD germs have become **resistant** to drugs used for treatment. Only one sexually transmitted disease, hepatitis B, has a vaccine. The cervix of young women are more susceptible to some STDs. STD infection also increases susceptibility to acquiring HIV. Furthermore, some STDs do not have early noticeable symptoms of infection.

Certain health behaviors lead to more STD/HIV. For example, some people practice risky sexual behaviors or have sexual contact with high-risk persons. Some have many sex partners.

Having an STD may cause some people to feel guilty or ashamed. Therefore, they may delay or avoid treatment. Some people, especially those infected with HIV, may avoid medical care because they fear discrimination. Some HIV-infected persons may not have enough money for the drugs used for treatment. Finally, some infected people fail to inform a sex partner about the need for medical care.

Injecting drug use has lead to high numbers of persons being infected with HIV. STD/HIV has also been spread because some people have sex in exchange for drugs. That is, they receive drugs or money from sex partners so they can support their drug addiction.

There has been an increase of STD/HIV among disadvantaged people. As stated earlier, minority populations have been particularly affected. Among these groups, inner-city teenage females have the highest STD rates. Inner-city living conditions make it difficult to practice a healthful lifestyle.

As mentioned earlier, the "hidden epidemics" of STDs hinder the control of STDs. Because of this silence, the public and many couples don't talk enough about the STDs. Many sexually active teens and other young adults lack knowledge and concern about STDs. Many teens underestimate their risk for contracting an STD.

Persons who contract STD/HIV need the help and support of others. Blaming or shaming STD/HIV patients is likely to do more harm than good.

Check-up: (Circle answers here only if you can keep this book.)

1. HIV infection is the only STD that should concern teens.
   TRUE FALSE
2. About one-fourth of sexually active teens contract an STD each year.
   TRUE FALSE
3. Some STDs can lead to permanent body damage.
   TRUE FALSE
4. Why are teens and other young adults at greater risk for STD/HIV?_____
   _____
   _____
5. What are some major reasons why STD/HIV are such a serious problem?_____
   _____
   _____
   _____

Answers to Check-up:

1. FALSE. Other STDs such as chlamydia, genital herpes, HPV, and trichomoniasis occur frequently among teenagers. They can also produce lasting health damage.
2. TRUE. Some STDs are more common among teens than adults, and about one-fourth of all new STD cases occur in teens. Half of the new HIV infections each year occur in persons ages 13-24.
3. TRUE. Unless treated early, STDs can lead to serious health problems such as sterility, cancer, nervous system damage, and harm to babies. AIDS usually causes an early death.
4. Teenagers and other young adults are at greater risk for STD/HIV because they have inadequate knowledge and concern about STDs. They are more likely to have multiple sex partners over a short

period of time rather than one long-term partner. They also are more likely to engage in risky behavior and to choose higher-risk sexual partners. Many teens underestimate their risk for acquiring STD/HIV and the number of teens who have STD/HIV.

5. There are many reasons why STD/HIV are such a serious health problem. Major reasons include the biology of STDs, people's risky health behaviors, poor socio-economic conditions, and the "hidden epidemics" of STDs in the U.S.

What Do You Think? (Answer these questions in your mind. Don't write them anywhere.)

1. What could be done to eliminate the "hidden" nature of STDs in the United States?
2. Why do many sexually active teens underestimate their STD risk?
3. Is it right to discriminate against people with STD/HIV?

Life Situation #1: (Try solving this problem before reading the answer.)

Some teenagers in your town practice behaviors that put them at risk for STD/HIV. They don't seem too worried about STD/HIV. They think that STD/HIV is not a big problem for people of their age. These young people also believe that STD/HIV is not a problem in their town, even if other places have a high STD/HIV rate.

Questions: Are these people right in what they believe about STD/HIV? If you had a chance, what could you say to help them understand the STD/HIV problem? (See page 67 for the answers.)

STD/HIV FACT #2
Avoiding STD/HIV

Did you know that . . .

- STD/HIV are passed (1) during certain types of sexual contact; (2) by infected blood such as in injecting drug equipment; and (3) from an infected mother to her child.
- sexual abstinence from any type of intercourse and oral sex is the only completely reliable way to avoid STD/HIV.
- mutual sexual exclusivity, correct and consistent condom use, and avoiding injecting drug use reduces the risk of STD/HIV infection.
- learning to communicate your values is necessary to avoid STD/HIV.

STD/HIV Organisms

STD/HIV are caused by organisms that can be passed from person to person. These organisms include **bacteria, protozoans,** viruses, and very small insects, such as the pubic louse. They are usually found in **semen, vaginal fluids,** and blood.

Transmission of STD/HIV

Specific ways that STD/HIV are **transmitted** are described below. A person can get STD/HIV many times. That is, a person does not develop an **immunity** to STD/HIV after being infected and treated. Also, a person can have more than one STD at a time.

Sexual contact. Having sex with an infected person is the most common way STD/HIV are transmitted. However, this statement may be confusing because "having sex" has different meanings. To help avoid

confusion, the specific types of sexual contact that can and cannot put one at risk for STD/HIV are described. STD/HIV can be transmitted during **vaginal intercourse, anal intercourse,** or **oral sex.** STD/HIV transmission can occur when blood, semen (including pre-seminal fluid, or "**pre-cum**"), or vaginal fluid of an infected person enters an uninfected partner's mouth, **penis**, vagina, or rectum. (See pages 90-93 for diagrams of the female and male reproductive systems.) However, a few STDs such as genital herpes or genital warts can be spread by direct contact with infected skin.

Vaginal intercourse is the most common way STDs, including HIV worldwide, are transmitted. As stated earlier, women are at greater risk for acquiring STD/HIV from vaginal intercourse than men. The thin skin inside the labia and the mucous membranes of the vagina may be more receptive to STD/HIV than the skin covering a man's genitals. However, STD/HIV may enter the male through the urethra or small cuts or open sores on the penis. Either sex partner can become infected with HIV/STD during anal intercourse. However, in general, the person receiving the semen during anal sex is at greater risk. HIV can be more easily transmitted during anal intercourse than vaginal intercourse. It is possible for a person to become infected with STD/HIV through giving or receiving oral sex. The person giving oral sex is generally at greater risk. Evidence suggests that oral sex is less risky for STD/HIV transmission than vaginal or anal intercourse.

Getting an STD from kissing is possible but not very common. One might acquire an STD during kissing if the partner's mouth is infected with an STD. Fever blisters and cold sores can be passed by kissing. Open-mouth, deep kissing is considered a very low-risk activity for HIV transmission. HIV has been found in saliva, but in very small amounts. For HIV to be transmitted by kissing, blood containing HIV must be passed to the other person. CDC recommends against open-mouth kissing with an HIV-infected person. Hepatitis B can also be transmitted by the exchange of infected blood.

Hugging or massaging a partner does not put one at risk for HIV/STD. Also, mutual or self **masturbation** is not considered a risky behavior for acquiring STD/HIV.

STD/HIV can be passed between females and males, as well as from male-to-male and from female-to-female. Many cases of STD/HIV have been passed during sexual contact between MSM. But, few cases of female-to-female transmission of HIV have been found. STD/HIV are not as serious a problem among WSW than among women who have sex with men. However, WSW still should be alert about HIV/STD, especially if they also have sex with men or share **injecting drug equipment** or sex toys.

Sexual Lifestyle. Persons who do not have sexual contact with anyone are not likely to get STD/HIV. Persons with one partner rarely acquire STD/HIV, unless their partner has other sex partners or uses injecting drugs. For example, some women contract STD/HIV from a male partner who, unknowingly to the woman, is bisexual and has had other partners or who injects drugs. One study showed that 20% of women believe they are in sexually exclusive relationships, although their male partners have other partners. Having multiple sex partners increases risk. One study found that compared to those who had only one lifetime sexual partner, those reporting two or three partners were five times as likely to have had an STD. Those reporting 16 or more lifetime partners were 31 times more likely to have had an STD. This same study also showed that being unfamiliar with a sex partner, especially knowing them less than one month before having sex, was related to a higher chance of acquiring STD/HIV.

Research has also shown that teenagers who have much older boyfriend/girlfriends have earlier vaginal intercourse and are less likely to use **condoms.** One study of teenage women attending a health clinic found that a self-reported history of STDs was related to having an older male sexual partner.

People who become sexually active at an early age are at greater risk for STDs. This increased risk exists because early initiation increases the total time these persons are sexually active. Also, they are more likely to have non-voluntary vaginal intercourse and are less likely to consistently use condoms.

Blood Transmission. Blood-to-blood contact between an infected person and someone else is one way some STDs, mainly HIV, can

be passed. Actually, **blood transmission** is the second most common way HIV is passed. This method of transmission is now almost entirely limited to persons injecting **illicit drugs.** The sharing of injecting drug equipment, such as needles and **syringes,** allows for the exchange of blood. Body fluids containing HIV-infected blood and certain other HIV-infected body fluids may pose risk for health care workers. However, this type of HIV transmission has been rare. Menstrual blood containing HIV is also considered unsafe. Further, any object that could have blood, such as a razor blade or toothbrush, is considered unsafe.

The U.S. blood supply is among the safest in the world. Nearly all people infected with HIV through blood transfusions received those transfusions before 1985. HIV testing of all donated blood began in 1985. Persons at risk for having STD/HIV are requested not to donate blood. Persons who donate semen, body tissues, and organs are tested for HIV antibodies. Therefore, it is very unlikely that a person could become infected with HIV from a blood transfusion. To be absolutely safe, some people who know they will have surgery donate their own blood a few weeks before surgery. This blood is stored in a blood bank and then given to the donor during surgery if that person needs it.

A common myth is that a person can get HIV from donating blood. This is not true. A different needle is used for each donor.

HIV or hepatitis B transmission can occur if tattoo or body piercing instruments contaminated with blood are not sterilized between clients. Instruments used to penetrate the skin should be used once, then disposed of or thoroughly cleaned and sterilized. Some teens have received body piercing at illegal parlors or are sticking themselves using kits bought from the Internet. Some states and counties within states require that piercers be licensed and use sterile, new needles for each procedure. Other states and counties have regulations, but no licensing. Ask the parlor staff about their license and if they follow regulations such as sterilizing equipment.

Some teens have been worried about acquiring HIV while playing sports. CDC reports no documented cases of HIV being transmitted during participation in sports. The risk of HIV transmission is very low in sports with direct body contact in which bleeding might occur. There

is no risk of HIV transmission through sport activities where bleeding does not occur. If someone is bleeding, they should stop participating until the wound stops bleeding and is both properly cleaned and securely bandaged.

Mother to Child. A pregnant woman who has STD/HIV can pass the disease to her baby during pregnancy, at birth, or through breastfeeding after birth. If a woman has HIV and has not received treatment, the child has about a 25% chance of being born with HIV. Medical treatment during pregnancy and labor reduces the risk of the baby being infected with HIV to about 1 in 12. An HIV infected mother should not breast feed and the baby should be treated for the first several weeks of life. Despite these steps, the risk of infecting the child is not totally eliminated. All pregnant women should be tested for HIV, and if infected, treated during pregnancy and labor.

STD Infection Increases HIV Risk. The spread of HIV in the U.S. has paralleled that of other STDs. For example, some areas of the South have high concentrations of syphilis, gonorrhea, and HIV. Having an STD can increase a person's risk of becoming infected with HIV, whether or not the STD causes open sores or breaks in the skin. Studies have shown that people are two to five times more likely to become infected with HIV when other STDs are present. In addition, an HIV-infected person also infected with an STD is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

STDs Without Sex. You may have heard that STD/HIV can be contracted from objects like door knobs, toilet seats, drinking glasses or from **casual contact**. It is virtually impossible to get STDs in this manner. Certainly there have been no reported cases of HIV contracted from objects like door knobs or toilet seats. Light and air destroy the STD/HIV organisms very quickly.

Most STDs, like gonorrhea, syphilis, and genital herpes, are not likely acquired from objects. Pediculosis pubis ("crabs") can be acquired from contaminated clothing and bedsheets. HIV and hepatitis can be acquired from contaminated needles.

The ways HIV is transmitted have been misunderstood. These myths have caused many people to have an unreasonable fear of AIDS. For example, they may be afraid of HIV-infected persons and refuse to be near them. However, HIV is not like other communicable diseases, such as the flu, cold, or measles. These diseases can be spread through sneezing, coughing, or being around an infected person. HIV is not an airborne virus and cannot be spread that way. No cases have been found where HIV infection was transmitted by just being near infected persons.

People can work with others and attend public events without the fear of getting HIV. Children with HIV infection pose no risk for other students in schools.

HIV is not spread by:

- sneezing, coughing, or spitting
- hugging, holding or shaking hands, or casual kissing
- sweat, tears, urine, or bowel movements
- dishes, drinking glasses, eating utensils, or food
- mosquitoes, bed bugs, lice, or other insects
- using public toilets, sinks, bathtubs, swimming pools, whirlpools or telephones
- using someone else's comb or make-up
- being near an HIV-infected person in school or other places
- pets
- donating blood

Remember, HIV is transmitted in only three ways: (1) sexual contact with an infected person; (2) infected blood such as sharing injecting drug equipment with an infected person; and (3) an infected mother to her child during pregnancy, childbirth, or breast-feeding.

Prevention of STD/HIV

Since STD/HIV are transmitted by certain behaviors, we know exactly how to keep from getting them. STD/HIV preventive actions are actu-

ally easy to perform. People sometimes do not practice them because they lack awareness, skills, or desire, for example. You can avoid or reduce the risk of STD/HIV by practicing the following behaviors:

Sexual Abstinence. The best way to prevent STD/HIV is by practicing **sexual abstinence.** This means not having any type of intercourse or oral sex with anyone. Even though sexual feelings are natural, sexual abstinence in young adults is also a normal and healthy choice. Many young people have decided to delay intercourse. Actually, the percentage of U.S. high school students who report ever having had vaginal intercourse declined in the past decade. Young people who choose sexual abstinence should be supported.

Young people who are abstinent usually have fewer problems than those who get sexually involved too early. Certainly those who are abstinent do not need to worry about pregnancy. Early sexual activity has serious physical and mental health risks. People can be close or have a special relationship without having intercourse. Some express intimacy by touching and massaging.

Many people and religious groups in our society believe that sex should be postponed until marriage. Other factors, such as maturity, age, and personal and family values should also be considered when deciding whether to have sex with someone.

Mutual Sexual Exclusivity. Uninfected partners who practice **mutual sexual exclusivity** in a long-term, steady relationship or marriage will not get STD/HIV through sexual contact. This means that both partners are exclusive to each other and did not have STD/HIV when they started having sex. These couples can continue to avoid STD/HIV if they are exclusive and neither partner shares injecting drug equipment.

Reducing Risk During Sexual Contact. To avoid STD/HIV, a person should not allow blood, semen, or vaginal fluids to touch his or her genitals, mouth, or anus. One way to reduce the chances of these fluids entering the body is by proper and consistent use of the male latex condom. The latex condom is much better protection against STD/HIV than the natural membrane (sheepskin) condom. The latex condom will

have the word "latex" on the package. The new polyurethane (plastic) condoms can also reduce the risk of HIV/STD transmission.

There has been much discussion recently about how effective condoms are in preventing STD/HIV. Some think that condoms fail too often and that they should not be promoted as ways of avoiding STD/HIV. Certainly, a condom is not always 100% effective. However, scientific evidence demonstrates that latex condoms can greatly reduce HIV/STD transmission if they are used correctly and consistently. Laboratory studies and research conducted in real-life situations, such as when one partner is infected and the other is not, have provided data supporting condom effectiveness. Also, a national study of over 3000 adults found that persons who reported always using condoms also reported far lower STD rates.

Studies have shown that the male latex condom, when used correctly and consistently, is highly effective in preventing HIV transmission. Condoms can reduce the risk of transmission of chlamydia, gonorrhea, and trichomoniasis. They can also reduce the risk of genital herpes, HPV/genital warts, and syphilis, but only when the infected areas are covered or protected by the condom. The federal Food and Drug Administration (FDA) requires manufacturers to test all condoms made. FDA also regularly inspects manufacturers and randomly tests condoms to be sure they meet stringent quality standards. The condom's effectiveness can be greatly reduced if it leaks, breaks, or slips off.

Correct use of the male condom includes leaving an empty space at the tip of the condom to collect semen. A water-based, not oil-based, lubricant should be used. The condom should be used for the entire episode of vaginal intercourse, anal intercourse, and oral sex. A different condom should be used if one switches sexual activities with a partner. One should not allow the condom to slip off the penis when it is withdrawn after sex. Also, a condom should never be reused.

At one time, a spermicide gel called nonoxynol-9 **(N-9)** was recommended to be used with condoms to prevent transmission of STD/HIV. Recent studies have found that N-9 can cause lesions in the vagina, thus increasing the risk of HIV transmission. N-9 has also been found to dam-

age the lining of the rectum, providing an entry point for HIV and other STDs. CDC recommends that **spermicides**, especially those with N-9, should not be used alone for STD prevention. Also, N-9 lubricants should not be used during anal intercourse. Further, CDC also recommends that condoms with N-9 should not be used because they have a shorter shelf life and cost more. Use of these condoms with N-9 have been associated with urinary tract infections in women.

Latex can also be placed over a female's genitals to help reduce STD/HIV transmission during oral sex given to a woman. No evidence exists on the effectiveness of the female condom in preventing STD/HIV. Birth control pills do not protect the user against STD/HIV.

Studies have shown that more teenagers who are having sex are using condoms. Many teens are refusing to have sex if the partner is not willing to use condoms. Condoms also greatly reduce the chances of unwanted pregnancy.

Douching, washing, or urinating after sex have been suggested as possible ways to reduce chances of infection. Effectiveness for these methods has not been proven. Therefore, do not rely on them to avoid STD/HIV.

Careful Partner Selection. A person should avoid sexual contact with persons who might be at high risk for having STD/HIV. For example, does the person have many sex partners or use injecting drugs? This method is not always reliable. A person may not be honest about their sexual partners or drug use. Research has shown that people often underestimate their sex partner's HIV/STD risk behavior. It is usually impossible to determine who has an STD/HIV by their reputation or by just looking at the person. One research project showed that the study participants had used visual and verbal cues to judge if their partner was disease-free. But in this case their judgement was wrong, as most of their partners had contracted an STD.

If sex partners do not know each other well, they should not have sex. If they do have sex, they should exchange names and phone numbers. Then, each person can reach the other if an STD/HIV infection or another problem occurs. Certainly a person should always use a

condom, especially if the partner is not known well. As mentioned earlier, having sex with a person not known well is a very risky behavior for STD/HIV transmission.

It would be helpful to know if a partner is at risk or has had partners at risk. However, a person cannot usually determine if a person has an STD without testing. Having sex with any of the following persons increases your chance of HIV infection and many other STDs:

- persons who have any sexually transmitted disease, including HIV
- males who have had sexual intercourse with other males
- persons who have used injecting drugs
- persons who have had several sex partners
- female and male prostitutes
- persons who received blood-clotting products and blood transfusions before 1985
- sex partners of infected persons or persons at increased risk

Avoid Multiple Sex Partners. Avoiding many sex partners helps keep one from getting STD/HIV. The more sex partners a person has, the greater the chance of getting STD/HIV.

Avoid Injecting and Other Drugs. Another sure way to avoid HIV and hepatitis B is not to inject drugs. Persons using injecting drugs certainly should not share the needles and syringes. If they do, the drug equipment should be properly cleaned. Not only can drugs harm one's health, but they might also alter one's judgement. That is, a person drinking alcohol, smoking marijuana, or using cocaine or crack may not be able to think clearly or make wise health decisions. Their chance of engaging in risky behaviors is greater. The mixing of alcohol, drugs, and sex is a serious problem among teens in the U.S. A recent national study found that one-quarter of 9-12th grade students used alcohol and drugs during the last time they had sex with another person. Further, if you fall asleep drunk or pass out at a party, someone may take advantage of you. Alcohol and/or drugs are also often involved in date rapes. Sometimes, certain drugs, called "date-rape drugs" are mixed in an alcohol bever-

age. Two examples include "roofies" and GHB (gammahydroxybutyrate). Persons drinking drugged beverages become vulnerable to having sex against their will. Also, they often don't remember what happened.

The most responsible health decision is not to use any harmful drugs. Anyone using drugs illegally should see a health care provider or counselor to try to stop the drug use.

Vaccines. There is a vaccine for only one STD, hepatitis B. Scientists are working especially hard now to develop a vaccine to prevent infection with HIV. However, it will take many years for an HIV vaccine to be developed.

Protecting Babies. Nearly all STDs can be transmitted from a mother to her baby before or during birth. In most cases, proper medical treatment can protect the baby from permanent damage. HIV-infected mothers should not breast-feed their babies.

Any woman thinking about becoming pregnant should know if her partner has STD/HIV. Women who are or who plan to become pregnant should avoid sexual contact with anyone who has practiced risky sexual behavior or used injecting drugs. A woman who gets pregnant should have a check-up for STD/HIV. If a woman has STD/HIV and becomes pregnant, she should tell her doctor.

Other Prevention Methods. One way to reduce risk, but not eliminate it, is to insist that partners be tested for STD/HIV before starting to have sex with them. This method has become more important because of the HIV problem. Most of the people infected with HIV do not know it. Old test results are not reliable, especially if the person has since engaged in risky behaviors. And, some persons may not be honest about the test results. One study of HIV positive patients found that 40% did not tell their HIV positive status to their sex partners. In some states, persons with STD/HIV are legally required to inform past, current and future sex and injecting drug partners of their infection.

One could look for symptoms of STD/HIV such as sores, rashes, or pus from genitals before sexual contact begins. Of course, this method is also not reliable since one can have STD/HIV without having symptoms. One should look for symptoms on the partner, as well as

on oneself. Certainly the couple should avoid sexual contact if either has STD/HIV symptoms.

Persons infected with STD/HIV should avoid exposing others. HIV-infected persons should not use injecting drugs nor share the injecting equipment. Likewise, HIV-infected persons should not donate blood, bone, organs, semen, and tissues. Lastly, they should also advise their sex or injecting drug partners to go to a health care provider.

Communicating Prevention to Others

One important skill needed to avoid STD/HIV is the ability to effectively communicate with others, especially persons who might be sex partners. Persons need to learn how to best communicate their thoughts, feelings, **values**, needs, and standards of behavior. Research has shown that good communicators are less likely to do things against their values or beliefs. It is very important that a dating couple be able to talk openly with each other.

One should feel free to discuss concerns about STD/HIV with any possible sex partner. Stating that you care about the health and well-being of both of you can be a way of starting the discussion. One should not have sex with a person who will not talk about such issues.

To be a good communicator, you should be clear about your beliefs and values. Then you should stand by them. Making decisions based on your own values means that you are treating yourself with respect. You might want to plan what to say ahead of time and practice talking out loud. You also could talk to your parents or guardians, friends, a counselor, teacher, or religious leader to learn how to improve your ability to communicate with others about your values.

Improving Communication. Being a good communicator takes practice and work. Here are some suggestions on how to improve communication:

- be clear about your feelings, beliefs, and values before you are alone with the person
- pick a good time and place to talk
- decide what to say, particularly at the beginning

- take the initiative to start the talk
- discuss why talking is important
- use "I" messages
- use positive nonverbal messages, such as eye contact
- listen carefully
- provide feedback
- respect the other person's views and values
- be specific about your values, needs, and limits, and stick to them
- try to negotiate conflicts while respecting your values

Resisting Negative Peer Pressure. Each of us faces **peer** pressure. Sometimes, the pressure is negative. For example, someone may try to force you to use drugs. Usually, making a wise decision and sticking to it when someone is pressuring you is difficult.

Everyone needs to learn to resist negative peer pressure. There are things you can do now to improve this skill. For example:

- learn your family's and your own values
- practice resisting negative peer pressure and sticking to your values
- avoid persons who might pressure you to practice risky behavior
- learn to identify risky situations and avoid them
- go out with groups of your friends rather than going on a date with one person
- be prepared to call your parents or a friend to get you if you want to leave a date. Be sure to carry money with you so you can leave if you need to.

When actually pressured to practice a risky behavior, try some of these ideas:

- state your decision; repeat if necessary
- state why you refuse to take the risk
- be firm when talking
- take action, which may be leaving the scene
- suggest an alternative activity

Persons often fear that resisting pressure from a dating partner or friend will result in loss of the friendship. Certainly this may occur. However, a true friend would respect your decision and remain your friend. One thing that you can do is to suggest a mutual activity that is not risky. For example, as an alternative, you could invite the person to go to a movie with you. Then suggest that the person call you later if he or she wants to go. This shows that you are trying to keep the friendship.

Choosing Your Friends Wisely

The type of friends you interact with can influence whether or not you practice HIV/STD prevention and **risk reduction**. Research has shown that teenagers who believe that their peers are accepting of sex or are sexually active are more likely to have sex more often and with more partners. Further, young people who believe their peers favor condom use and use them for sex are more likely to use condoms themselves. Hence, the norms and behaviors of peers affect young people's sexual behavior. This means that you should choose friends who are supportive of avoiding HIV/STD risk behavior. That will make it easier to avoid HIV/STD.

Help for Avoiding STD/HIV

Choosing behaviors that avoid STD/HIV can sometimes be difficult. This is especially true if a person feels like he or she is alone in making the decision. It helps if others provide encouragement and support. Do not hesitate to talk with people you trust about decisions related to STD/HIV. Seek the advice of people you respect. These people might be helpful:

- parents or guardians
- religious leaders
- teachers, school nurses, counselors, or youth leaders
- other trusted adults
- friends who are good role models

Also, talk with your parents, religious leader, or another trusted adult about sexuality and growing up. They can help you understand your sexuality and develop a responsible **sexual code of behavior.**

Check-up: (Circle answers here only if you can keep this book.)

1. Sexual intercourse with an infected person is the most common way STD/HIV is transmitted. TRUE FALSE
2. Open-mouth deep kissing is a frequent way STD/HIV is transmitted. TRUE FALSE
3. What are the three ways STD/HIV are transmitted?_____
   _____
   _____
4. What is the surest way to avoid STD/HIV?_____
   _____
5. A male latex condom can help prevent STD/HIV.
   TRUE FALSE

Answers to Check-up:

1. TRUE. STD/HIV can be passed during vaginal intercourse or anal intercourse. Oral sex may also be ways STD/HIV are transmitted.
2. FALSE. Getting an STD from open-mouth, deep kissing is possible, but not common. Lately, there has been much concern about the transmission of HIV by kissing. HIV transmission during open-mouth, deep kissing is a very low-risk behavior. For transmission to possibly occur, blood containing HIV would have to be passed from one person to the other.
3. STD/HIV is transmitted in only three ways: (1) sexual contact with an infected person; (2) infected blood such as sharing injecting drug equipment with an infected person; and (3) an infected mother to her child during pregnancy, childbirth, or breast-feeding.
4. The surest way of not getting STD/HIV is to practice sexual abstinence from any type of intercourse and oral sex, and not to inject drugs.

5. TRUE. Male latex condoms are not always 100% effective in preventing HIV/STD infection, although they can greatly reduce the chances of infection when used correctly and consistently. They provide different levels of risk reduction for different STDs. Condoms with N-9 are not recommended.

What Do You Think? (Answer the questions in your mind. Don't write them anywhere.)

1. Are most young people willing to practice sexual abstinence or mutual sexual exclusivity just to prevent STD/HIV?
2. Why don't more people use condoms when having sex? What could be done to make condoms more appealing?
3. Why is it difficult for some dating couples to talk about STD/HIV prevention? What can be done to help couples communicate better?

Life Situation #2: (Try solving this problem before reading the answer.)

Robin is 18 years old and has a younger sister, Denetra, who is 15. Robin and Denetra are very close and often talk to each other about personal things. Denetra knows that Robin learned about STD/HIV in school and asks her how a person can keep from getting STD/HIV.

Question: If you were Robin, what would you tell Denetra about avoiding STD/HIV? (See page 67 for the answer.)

STD/HIV FACT #3
Recognizing an STD/HIV Infection

Did you know that...

- most people infected with an STD have no symptoms.
- the major symptoms of STDs are genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.
- early symptoms of HIV infection include tiredness, swollen lymph glands, fever, loss of weight, diarrhea, and night sweats.
- a person who suspects an STD/HIV infection should (1) stop having sex; (2) stop using injecting drugs; (3) promptly go to a doctor or clinic; and (4) get sex partners to a doctor or clinic.

Being Aware of Your Own Body

Anyone practicing risky behavior as described in STD/HIV Fact #2 on pages 19-21 should be alert to the symptoms of STD/HIV. This is especially true for persons having sex with different partners, or whose partners are at risk for STD/HIV. Any unusual or unexplained changes in one's health may indicate STD/HIV. Of course, the changes may be caused by diseases other than STD/HIV. Changes in the genitals may especially be caused by an STD. However, the symptoms of some STDs can appear anywhere on the body. As described later, many STDs often do not show any symptoms. Actually, most people who are infected with an STD have no noticeable symptoms.

There are many sexually transmitted diseases. Many of them cause symptoms that are similar to other diseases. The symptoms of STD/HIV can be complex and confusing. Health care providers often cannot tell if a person has STD/HIV by just looking. Therefore, a person should not

try to diagnose his or her own condition. That's the health care provider's job. The important thing is for the person to recognize when there might be an STD/HIV infection and to see a health care provider promptly. The sooner a doctor finds out which, if any, STD is present, the sooner treatment can begin for the person and his or her partners. Treatment reduces the chances of damage from an STD and the possibility that the STD will be passed onto someone else.

Important STD/HIV Symptoms

To help avoid STD/HIV, a person should know what symptoms to look for in oneself and others. The major symptoms for most STDs are listed below. The specific symptoms of HIV infection are presented separately below. A person might have an STD if any of these symptoms are present. (The Summary Charts of Important STDs that begin on page 94 list the symptoms for nine important STDs.) Of course these symptoms may indicate diseases other than STDs.

Genital or Rectal Discharge. For men, pus may come from the penis. The discharge may be white, yellow, clear and watery, or thick. Women may have an unusual discharge or smell from the vagina. Since the discharge is often slight and inside the vagina, the discharge may not be noticed. It may not seem much different than the normal moisture in a woman's vagina. Furthermore, STDs may cause bleeding from the vagina other than the regular menstrual blood flow. There also may be pus-like discharge from the rectum if the person had anal intercourse.

Abdominal Pain. Women may have **abdominal** or lower pelvic area pain from an STD, which may indicate pelvic inflammatory disease. Also, there might be pain deep inside the vagina during sex. However, this symptom does not necessarily indicate STD/HIV.

Painful Urination. A burning feeling during urination, or frequent urination, may be a symptom of an STD, particularly for males.

Skin Changes. These symptoms include blisters, bumps, rashes, sores, or warts. They may not be painful. Most often, they appear on or near the genitals. But, they could also appear on the mouth or anus. Further, there may be swelling around the sex organs or anus.

Genital Itching. Itching on the genital areas, or other body parts, may be a symptom of an STD. In females, itching may be caused by infections of the vagina that are not necessarily caused by STD/HIV.

Flu-like Symptoms. The person may have fever, chills, and aches.

HIV Infection and AIDS: A Special Case

The terms HIV and AIDS are often used improperly. There is a difference between an HIV infection and having AIDS.

Being Infected with HIV. Being HIV-infected means that a person has acquired HIV. That is, the virus is in that person's body. The person is considered infected even if AIDS does not appear. This person can pass HIV to others.

HIV destroys certain blood cells—**CD4** + T cells (helper)—in the body that help the **immune system** fight off diseases. Therefore, the HIV-infected person may get serious illnesses more easily. HIV-infected people can acquire certain diseases that a person with a healthy immune system usually does not get. These diseases are called **opportunistic diseases**. Often such diseases are severe, and they may be life-threatening.

Some HIV-infected persons do not know they have HIV until symptoms of opportunistic diseases appear. Even then, they cannot be sure the symptoms are due to HIV until they are tested for the presence of HIV.

Symptoms of HIV Infection. A person with HIV may feel fine. Many HIV-infected persons do not have any symptoms for a number of years. The following may be early warning symptoms of infection with HIV:

- recurring fever or profuse night sweats
- dry cough
- severe and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts more than a week
- rapid weight loss

- pneumonia
- white or unusual spots on the tongue, in the mouth, or in the throat
- red, brown, pink, or purplish blotches on or under the skin, or inside the mouth, nose, or eyelids
- memory loss, depression, or other nerve problems

Each of these symptoms can be related to other illnesses. Therefore, no one should assume that anyone is infected with HIV if these symptoms are present. A person cannot rely on symptoms to know whether or not he or she is infected with HIV. The only way to determine whether a person is HIV-infected is to get a medical test.

Having AIDS. CDC has established the criteria used to classify a person as having AIDS. An HIV-infected person must have at least one of 27 opportunistic diseases or have a CD4+ count of less than 200 caused by HIV to be classified as having AIDS. (A healthy person averages about 1000 CD4+). AIDS usually develops from two to ten years after infection with HIV. The opportunistic diseases—not HIV itself—are what usually makes the person with AIDS become ill. Not all persons with HIV infection have developed AIDS, although most probably will as time progresses. Studies have shown that most HIV-infected persons carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, a person can transmit HIV soon after he or she becomes infected, well before symptoms appear. Apparently HIV can be passed to others throughout the infected person's life even if there are no symptoms of HIV infection or the person does not have an opportunistic disease. However, studies indicate that the HIV-infected person is probably most infectious when the amount of HIV is the highest. This is usually during the first few weeks of infection and when the person has the most serious opportunistic diseases. New treatments for HIV/AIDS have been developed, which are discussed in STD FACT #4.

Having an STD/HIV Without Symptoms

Some STDs have a long **incubation period**. That is, they do not have any symptoms until the disease is well-advanced. Often the symptoms disappear, and then come back again. Actually, a person can look and feel healthy and still be infected with STD/HIV. For some STDs, the early symptoms disappear without treatment. Infections inside the mouth, vagina or anus can be hard to notice. Most STDs can still be passed to someone even though the symptoms are not noticed, are absent, or disappear.

Males are likely to notice STD symptoms earlier than females. Therefore, women are at a greater risk of attaining serious problems from STDs. One reason why males can detect STD symptoms earlier is that the male genitals can be seen more easily. Most women who have an STD do not know they are infected. For example, about 75% of women with chlamydia do not notice symptoms. About 50% of men with chlamydia do not notice symptoms.

What to Do After Suspecting STD/HIV Symptoms

Stop Having Sex. A person should stop having sex with other people once STD/HIV are suspected. This prevents the disease from being transmitted to any partner not already infected.

Stop Using Injecting Drugs. The sharing of injecting drug equipment may pass HIV and hepatitis B to others. Further, continued use of injecting drugs or other drugs may weaken the body's ability to combat an STD/HIV infection.

Go to a Doctor or Clinic. Go to a doctor or a local health care provider right away if symptoms of STD/HIV are detected. Put aside any feelings of guilt or shame. The important concern is to get medical treatment promptly. Do not use home remedies, products bought in the mail or through the Internet, or drugs from friends. Only qualified medical people can give the correct care. Persons suspecting STD/HIV shouldn't gamble that it might be something else or that it will go away.

They should get a complete STD/HIV check-up from a health care provider. Places that diagnose and treat STD/HIV are discussed in STD/HIV Fact #4 on page 43.

Get Partner to Treatment. Persons who think that they might have an STD/HIV should try to get the sex partner(s) to a doctor or health clinic right away. Since the first warning that a woman has an STD is often when her male partner is infected, female partners especially should be advised. Partners who have no symptoms of an STD should still see a health care provider. Suggestions about how to get a partner to a doctor are given in STD/HIV Fact #5 on pages 54-56.

Check-up: (Circle answers here only if you can keep this book.)

1. Most persons having an STD have no symptoms. TRUE FALSE
2. What are six major symptoms of STDs?_____
   _____
   _____
   _____
3. What determines if an HIV-infected person has AIDS?_____
   _____
   _____
4. Most STDs can be passed to another person even when the symptoms are not noticeable, absent, or disappear. TRUE FALSE
5. What four things should a person who suspects an STD/HIV infection do? _____
   _____
   _____
   _____

Answers to Check-up:

1. TRUE. Most people infected with an STD do not have early noticeable STD symptoms. STD infections inside the mouth, vagina, or anus can be hard to notice. Males are more likely to have earlier symptoms of STD than females.

2. The major symptoms of STDs are genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.
3. An HIV-infected person must have at least one of 27 opportunistic diseases or have a CD4+ count less than 200 caused by HIV to be classified as having AIDS.
4. TRUE. STDs can be passed to others even when symptoms are not noticed or are absent.
5. A person suspecting an STD/HIV should: (1) stop having sex with other people; (2) stop using injecting drugs; (3) go to a health care provider or health clinic; and (4) get the sex partner(s) to a doctor or health clinic.

What Do You Think? (Answer these questions in your mind. Don't write them anywhere.)

1. Would most sexually active young people feel comfortable looking for STD/HIV symptoms on themselves?
2. How would you feel if you gave an STD/HIV infection to someone? How could you deal with your feelings?
3. Would most young adults, after being diagnosed as having STD/HIV, notify a sex partner that he/she might have STD/HIV?

Life Situation #3: (Try solving this problem before reading the answer.)

Allison has had sex with more than one partner. One partner told her that he just found out that he has an STD. Allison has not noticed anything wrong with her genitals, and concludes that she didn't get an STD. She, therefore, believes it is not necessary to stop having sex or to go to a health care provider for a check-up.

Question: Is Allison's conclusion correct? What should she have done in this situation? What information about STD symptoms did Allison not know? (See page 68 for the answers.)

STD/HIV FACT #4
Seeking Testing and Treatment

Did you know that...

- minors can get STD/HIV medical care in every state without their parents' permission.
- public STD and HIV/AIDS clinics, private doctors, family planning clinics, and hospitals are major places to get confidential STD/HIV testing and treatment.
- STD/HIV treatment will be more successful if the patient follows the doctor's directions exactly.
- there is no cure or vaccine for HIV infection or AIDS.

A person who thinks he or she might have STD/HIV should go to a health care provider right away. The sooner one goes, the less likely the person will become seriously ill or give the STD to someone else. Remember, people who think they might have STD/HIV should not try to diagnose or treat themselves. Also, anyone having multiple partners should be checked regularly for STD/HIV. This is especially true for women.

Confidential Testing and Treatment for Minors

Parents or guardians can be valuable resources for young people when they are facing personal health issues. Ideally, all teenagers would feel comfortable going to their parents for help. Some young people can talk with their parents about having STD/HIV. However, some cannot and some wouldn't want their parents to find out if they have an STD. Teens are sometimes afraid to go to a doctor or health clinic. They are scared that their parents will be told. Keeping the information from parents may not be a problem if the STD is treatable and there are no serious problems. However, if a young person's parents knew the child has a very

serious STD, such as an HIV infection, they might be very helpful. Hopefully, the child would receive parental support and understanding.

In every state, minors can be diagnosed and treated for STD/HIV at a health clinic or by a private doctor without their parents' permission. The law applies to persons 12 years old and over in some states and 14 years and over in other states. Call your health department or an STD or HIV/AIDS clinic to find out about the law in your state. The American Social Health Association (ASHA) hotline described below can also inform you about your state law. Also, the medical records of all STD/HIV patients are **confidential**.

Finding Medical Help

Sources of STD/HIV Care. STD/HIV medical care is usually easy to find. Your teacher or another adult can help find local sources for STD/HIV help. In most places, there are several choices of where to go. Most large communities have a public STD clinic run by the health department. Also, many cities have special HIV/AIDS counseling and testing clinics, also operated by the health department. These clinics do a very good job diagnosing STD/HIV. They are also very skilled in treating the STD or helping the person find medical care. Furthermore, they make the person feel as comfortable as possible during the visit. A family doctor or another private doctor can provide medical help. Lastly, many family planning clinics, health care clinics, and hospitals can test and treat people for STD/HIV.

Using the Local Telephone Book. Calling the local health department is one of the best ways of finding STD/HIV medical care in your town. The health department is usually listed in the telephone book yellow pages under county or city government offices. Sometimes the health department is listed in the white pages under "health" or under the name of the county in which you live. If you do not know your county, ask another person. Also, the health department may be given in the blue pages of government listings. The person calling should ask where to get STD/HIV help. A person can also call the local information operator to find the health department telephone number.

Some cities and states have an AIDS telephone hotline. The hotline could suggest a clinic for both STD and HIV/AIDS. Also, a person can call a local crisis telephone hotline for information on local STD/HIV care.

National Hotlines. The American Social Health Association (ASHA) provides the CDC National STD & AIDS Hotlines (NSTDAH).These hotlines provide information about any STD, including transmission, prevention methods, and where to get tested and treated for STD/HIV. NSTDAH is available 24 hours a day, 7 days a week in English at 1-800-227-8922. Spanish-speaking callers dial 1-800-344-7432, 8 a.m. to 2:00 a.m., ET, seven days a week. Hearing impaired callers needing TTY service can dial 1-800-243-7889, 10:00 a.m. to 10:00 p.m., ET, weekdays.

These calls are free and will not be charged to the phone bill as a long-distance phone call. The telephone operators, called health communication specialists, provide accurate information in a friendly and non-judgmental way. They do not ask the caller's name. The health communication specialists are thoroughly knowledgeable about both STDs and HIV/AIDS. They give callers helpful advice about what to do and where to go. ASHA has free educational material about a variety of STDs.

Internet. ASHA also provides a confidential Internet e-mail service for those more comfortable with electronic communication. One ASHA Internet website, www.iwannaknow.org, is directed specifically toward teenagers, and one service of this site is called "Ask the Expert." Teens can ask any question related to STD/HIV, such as where to get tested, and will receive an email reply within five to seven business days. To access this service, click on "Ask The Expert." For a faster response, the site has a weekly live "Ask the Expert" session, 4:00 p.m. to 6:00, p.m. ET, on Tuesday, Wednesday, and Thursday. One may also be able to find the location of nearby testing and treatment by finding the website of the local health department or the state department of health.

Remembering Sources of Help. There is a place on the inside back cover of this book where you can write the source for STD/HIV information and health care in your town. Then, if anyone ever needs to

know where to go for help, it can be found quickly. Write in the book only if you can keep it. If you cannot, ask your teacher for a copy of the page.

Money Problems. If money is a problem, a person should still seek proper treatment. Most public STD and HIV/AIDS clinics or family planning clinics will treat a person for free. Some may charge a small fee. No one needs to delay seeking help because of a lack of money.

The Medical Visit

Counseling About Testing. Many teens do not need to worry about getting STD/HIV because they have not practiced risky behavior. However, persons at risk or suspecting infection should contact a physician or health care provider. These professionals will help one decide if STD/HIV tests are needed.

Being tested for STDs at a health clinic that also provides counseling can be very valuable. Counselors can help a person understand the meaning of test results, suggest support services, and promote STD prevention. Counseling is particularly important for a person receiving a test result indicating an HIV infection. This individual needs support, referral, and specific information. Many local health departments provide confidential counseling and testing to all persons, including teenagers. Some also have **anonymous** testing for HIV infection, although this service is no longer widely available. If your health department does not have counseling and testing, it can still help people get these services.

Helping the Doctor. An STD/HIV examination is not the same as a routine check-up. Special tests are done to find out if a person has STD/HIV. The examination will not be done unless the person asks for it.

Facts that are known only to a patient can help a doctor decide which tests and treatment should be given. A patient should inform the health care provider why STD/HIV is suspected. This might include any symptoms that the patient has noticed or knowledge that a sex partner has STD/HIV. A patient should also tell the health care provider what parts of the body have been exposed and when the contact took place.

Detecting an STD/HIV. Examination and testing for STDs is easy. The health care provider will examine the patient to see if there are any symptoms not noticed by the patient. Then, specific STD tests are given. There is no one test that tests for all STDs. Each STD requires different testing, although none of the tests are very painful or very time-consuming. People being examined for STD/HIV do not need to be tested for all of the possible STDs. In most cases, two or three tests will be done. The tests include taking a blood sample from the patient's arm, getting a urine sample, using a cotton-tipped swab to get fluid from the genitals or other exposed areas of the body, or getting inner cheek cells.

HIV Testing. The HIV-antibody test, a blood test, can help determine if a person has become infected with HIV. The test measures **antibodies** to HIV in the blood. The test is very accurate, but not 100 percent perfect.

An HIV "home test kit" is now available and can be found at most local drug stores. Although home HIV tests are sometimes advertised on the Internet, only the Home Access test has been approved by the U.S. Food and Drug Administration (FDA). The testing procedure involves pricking the finger with a special device and placing the drops on a card, then mailing the card to a laboratory. Customers are given an identification number to use when phoning for the test results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when getting the result. One limitation of the home testing method is that the counseling is given on the phone. There can be many advantages of talking, face-to-face, with a counselor at a health care clinic. This is especially true if test results reveal that the person is infected with HIV.

A positive test means that the person has been infected with HIV. This does not mean that the person will develop AIDS, although it is likely. Certainly, the person can transmit HIV and should practice HIV prevention. On rare occasions, the test results may be positive when there are no HIV antibodies present. This is called false positive. Further test results usually show the true negative finding.

A negative test result means that the person does not have HIV antibodies. That is, there are no antibodies found in the blood. Most peo-

ple will develop detectable antibodies within 3 months after infection. The average is 25 days. In rare cases, antibodies do not appear until six months after infection. Hence, the test should be taken at least 12 weeks after high-risk behavior. On rare occasions a person may test negative when antibodies are present—this is called false negative. An HIV test indicates only if the person is infected, not whether or not the partner has AIDS. HIV is not necessarily transmitted every time there is exposure. Some people take the HIV test frequently to determine if they have HIV instead of practicing HIV prevention and risk reduction. This is unwise. Testing should never take the place of protecting oneself.

It is a very bad idea for someone to donate blood to find out if he or she is infected with HIV. HIV counseling and testing through a health department or a doctor is best.

STD/HIV Treatment. STDs are not all treated in the same way. Each STD requires a different treatment. The doctor must decide which drug or treatment is best for each case. Sometimes the doctor injects medicine. In other cases, the doctor may treat an STD with pills or creams, or freeze or burn the infected area. The patient should always find out what he or she should do or not do to make sure the treatment will work. The person should take the drugs or medicines exactly the way a doctor prescribes. The drugs should not be shared with others, nor should one take anyone else's medicine. A person must continue to take the pills until they are all gone, even if the person feels better or the symptoms go away. If the pills cause the person to feel ill, he or she should call the health care provider. Also, the person should ask the health care provider about when he or she can safely have sex again. Home remedies, products bought over the Internet or through the mail, or drugs from friends should not be used to try to cure the STD.

Most STDs—those caused by bacterial infections, for example —can be cured in a short time. However, there are no drugs yet that can cure the STD caused by a virus, such as genital herpes, HIV, and HPV/genital warts. Medications can shorten and prevent outbreaks of genital herpes sores. HPV infections usually go away on their own, and visible genital warts can be removed.

In recent years, treatment (but not a cure) for HIV/AIDS have vastly improved. This new treatment is called highly active antiretroviral therapy, or **HAART**. For many persons, treatment with HAART has delayed progression of HIV to AIDS and progression of AIDS to death. Early treatment has dramatically enhanced the health and length of life for many persons living with HIV/AIDS. As stated earlier, fewer people are now dying of AIDS. However, some treatments have many negative side effects, are not effective for all, and are very expensive. Further, drug resistence to the newer treatment is increasing. Sadly, some people have misunderstood the new HIV treatments, thinking they are a cure. Because of this belief they have quit practicing HIV prevention.

A health care provider and the hotlines cited above can provide information about HIV/AIDS treatment. One can also contact the national HIV/AIDS Treatment Information Service at 1-800-448-0440, 9:00 a.m. to 7:00 p.m., ET, weekdays. Hearing impaired callers needing TTY service can dial 1-888-480-3739 during the same hours.

Sometimes a doctor can tell right away if a person has an STD/HIV infection. At other times, the doctor must wait several days before test results can be known. Treatment may begin on the first visit in either case. This is more likely when the patient is known to have been exposed or when certain symptoms are present.

A person diagnosed with an STD should not have sex until he or she is cured. Persons with an HIV infection should refrain from any sexual contact or should carefully practice risk reduction, such as condom use. All persons diagnosed with an STD/HIV should communicate this to any possible sexual partners.

A person treated for an STD may be asked to return for follow-up tests and treatment. For example, CDC now recommends that women with chlamydia infections be tested again three to four months after they finish treatment. Even when the symptoms have disappeared, these tests are important. They are the best way to determine whether the disease has been cured. Remember that a person can have STD/HIV and not have any symptoms.

Sex and Drug-use Partner Referral. If a person has an STD/HIV infection, the doctor, a nurse, or someone with special training may talk

to the patient about sex and injecting drug partners. The partners may also need treatment. Ways in which partners can be informed are discussed later in this book in STD/HIV Fact #5 on pages 54-56.

Support for Persons with STD/HIV. As you can imagine, discovering that one has an STD can be very upsetting and frightening. This is especially true for persons who become infected with an incurable STD, like HIV infection or genital herpes.

HIV-infected persons wonder if they will ever develop AIDS. They are concerned about exposing others to HIV. Persons diagnosed as having AIDS face even more severe problems. They will probably become very ill at some time and die from an opportunistic disease. They also may be mistreated and have severe financial problems. Many persons with AIDS feel isolated and emotionally depressed.

Persons having the genital herpes virus also worry about exposing others to the virus. Women with genital herpes who want children are concerned about passing the virus to the baby.

Persons infected with an STD, particularly HIV and genital herpes, need the support of family and friends. They should realize that there are many others facing the same problem. Many health departments provide counseling or can lead persons to others who can give support. Anyone infected with HIV should receive professional counseling.

Many persons infected with HIV or genital herpes have found help from support groups. Many towns have formed HIV/AIDS support groups for both the patient and the family. ASHA has a special program for genital herpes, called the National Herpes Resource Center. This center provides information and a newsletter. ASHA also helps organize local herpes support groups. Most states have a local herpes support chapter. To get information about local chapters, contact the National Herpes Resource Center at 1-919-361-8488 during weekdays between 9:00 a.m. and 7:00 p.m, ET. This hotline also provides free counseling about herpes and information about health care providers. This center also provides the Herpes Chat Room, available 4:00 p.m. to 6:00 p.m., weekdays, ET. The chat room is monitored at all times by a Herpes Resource Center staff member. Contact the Herpes Resourse Center

website, www.ashastd.org/hrc/index, for information about support groups and the chat room.

ASHA also has the National HPV and Cervical Cancer Prevention Resource Center. A hotline provides information on HPV transmission, prevention, and treatment, HPV and its link to cancer, and emotional support. Contact the hotline at 1-919-361-4848, 12:00 p.m. to 7:00 p.m., ET, weekdays. This center also has information about HPV support groups and provides the HPV Chat Room for discussing HPV issues. The chat room, available 4:00 p.m. to 6:00 p.m., weekdays, ET, is monitored at all times by a HPV Resource person. Contact the National HPV and Cervical Cancer Prevention Resource Center website, www.ashastd.org/hpvccrc/index, for information about support groups and the chat room.

Check-up: (Circle answers here only if you can keep this book.)

1. Young persons can receive confidential STD/HIV counseling and medical care without the permission of parents. TRUE FALSE
2. Where can a person get STD/HIV medical care?_____
3. What is one of the best ways of finding STD/HIV medical care in your own town?_____
4. What are some important things a person should do after being diagnosed as having STD/HIV?_____

Answers to Check-up:

1. True. In every state, minors can be tested and treated for STD/HIV without their parents' consent. The law applies to persons 12 years

old and over in some states, and 14 years old and over in others. Call an STD or HIV/AIDS clinic, or the local health department if you want to find out the age for your state. Also, call the ASHA CDC National STD and AIDS hotlines about your state law. In some cases, if a young person's parents know that the person has a very serious STD, they can be helpful. Hopefully, the parents will provide support and understanding.

2. Places that can give STD/HIV treatment include public STD or HIV/AIDS clinics operated by the health department, private doctors, family planning clinics, and hospitals.
3. Calling the local health department is one of the best ways of finding STD/HIV medical care in your own town. Also, the ASHA CDC National STD and AIDS Hotlines can inform you where to find STD/HIV medical care.
4. Anyone diagnosed as having STD/HIV should (1) follow the doctor's directions during treatment; (2) stop having sex until cured or practice prevention if the STD cannot be cured; (3) be sure that partners have been, or will be, checked for STD/HIV; and (4) return for follow-up tests or treatment.

What do You Think? (Answer these questions in your mind. Don't write them anywhere.)

1. Could most teenagers, if they got an STD/HIV infection, discuss the illness with their parents? Could you? Why? What can a teenager do to help make a discussion possible? If you were a parent, would you want your child to tell you?
2. How would most teenagers feel about going to a doctor or clinic for STD/HIV test? Would they be afraid or would they feel comfortable?
3. What would be your most important concern if you just learned that you have an STD?
4. If you got an STD, would you want to talk to someone about it? If so, whom?

Life Situation #4 (Try solving this problem before reading the answer.)

James, age 17, discovers from a sex partner that he might have an STD. This makes him feel ashamed and guilty. He knows that he should go to a doctor. But, he's afraid to see his family doctor, fearing that his parents will be told. He doesn't know where else to go for tests since he doesn't have much money of his own.

Questions: How could James find out where to go for STD/HIV tests? What information does he need to know about teenagers getting STD/HIV treatment and receiving care without much money? What could you say about STD/HIV to decrease James's feelings of guilt and shame? (See page 68 for the answers.)

STD/HIV FACT #5
Getting Partners To Testing and Treatment

Did you know that...

- the major reasons for getting sex and injecting drug use partners to a health care provider are to (1) prevent serious illness in the partner; (2) prevent reinfection; (3) help control the spread of STD/HIV.
- one of the best ways to be sure a partner gets tested and treated is to take him or her to the health care provider or clinic on the first visit.
- STD/HIV public health specialists can contact partners if the patient does not want to, or cannot.

Persons who acquire STD/HIV and get it treated have done the right thing. However, they have met only part of their responsibility. Helping sex and injecting drug-use partners get to a doctor for testing and possible treatment is also important. Partners must be notified quickly.

Why Get Partners to a Health Care Provider?

Prevent Serious Illness in Partner. Helping a current or previous partner to get testing and treatment might spare him or her from getting very sick from an STD. This can prevent a lot of pain and suffering. Remember from STD/HIV Fact #3 on page 39 that many persons, particularly women, don't have any early, noticeable symptoms of most STD infections. Symptoms may not appear until the disease has become advanced. At that stage, serious health problems may have developed. Also, the partners may have passed the disease to others without knowing they

were infected. A person's warning may be the partner's first clue that they might have STD/HIV. Therefore, it is important to get sex and injecting drug-use partners to testing and treatment quickly.

Prevent Reinfection. A person can get reinfected with a curable STD by a partner who is not treated. This can happen if sexual contact resumes before an infected partner is cured. An STD can be like a dangerous ping-pong ball, bouncing back and forth between two people. The persons should not begin to have sexual contact again until both have been cured.

Help Control the Spread of STD/HIV. Getting a partner to testing and treatment will help control the spread of STD/HIV. Not only can the partner be treated, but that person can encourage any of his or her other sex or injecting drug-use partners to see a health care provider. Hopefully, once a partner learns about his or her infection the person will be sure not to pass the infection to others. For example, knowing that one has HIV is especially important. Many HIV-infected persons have transmitted HIV to others when they did not know about their infection. HIV has been spread unknowingly to many people.

Ways of Getting Partners to Testing and Treatment

Taking A Partner to the Clinic. One of the best things a person can do is to take the sex or injecting drug use partner along to the doctor or clinic for the first visit. Doing this helps get a partner, and the partner's partners, tested and treated sooner. If a person waits until after being diagnosed, the person can still offer to take the partner to the clinic. Having someone to go with might make the partner feel more comfortable.

Certainly, a person suspecting an STD/HIV infection must tell the partner why the person should go to a doctor with him or her. When talking with the partner try to be honest, don't blame anyone, remain calm and positive, and be supportive. These general suggestions apply whether a person suspects an STD/HIV infection or already knows about an infection.

Inform the Partner Directly. If a person can't take a partner to the clinic or doesn't want to, the partner still needs to be informed about a possible infection. The infected person can do this face-to-face or over the telephone. Do not inform the partner by e-mail. It is possible that the e-mail message may be read by someone else. Some people would rather tell their partners themselves. Others want someone else, like an STD/HIV **public health specialist**, to inform them. Most people probably know best how their partner would want to find out.

Be sure to stress the importance that the partner see a health care provider right away. Talking to a partner directly would also be a good chance to share any emotions that one might have about getting STD/HIV or giving it to someone else. Talking about it can help a person deal with these feelings.

Telling the partner that he or she might have an STD may be uncomfortable. This might be particularly true if the STD is a serious one, such as an HIV infection. A counselor at the STD/HIV clinic or a doctor can help a person decide how to inform the partner. But, telling the partner may not be as bad as one thinks. If a person doesn't know how, here's an example of what one person said to her partner:

> "Jose, I want to talk with you. It's not easy telling you this. I just found out that I have chlamydia. Because we've had sex, that means you might have it too. I'm sorry to be telling you this. I've been to a doctor and got it taken care of. I'll be all right. But the doctor said that you need to be checked and treated very soon. Even if you don't have any symptoms you might still have it and get real sick if you aren't treated. You need to see a doctor before that happens. You can go to the clinic where I went. They won't tell anybody that you were there, not even your parents. It's no hassle. I care about what happens to you. I want to help you. Let me take you to the clinic. Jose, please let's go right away."

An STD/HIV Public Health Specialist Can Help. A doctor or STD/HIV public health specialist can help you notify partners. Even though the doctor doesn't actually do the contacting, he or she knows how to get in touch with a public health specialist. Informing partners is very important for their health and for preventing the spread of STD/HIV. A person isn't being disloyal by giving names to a public health specialist. Caring for the partner's health is a sign of loyalty and maturity. It does the partners a great favor by helping get them to testing and medical treatment.

Talking with the STD/HIV public health specialist may be helpful even if a person doesn't know the name of a partner.(Remember the suggestion in STD/HIV Fact #2 on page 27 that everyone should get the name and phone number of all sex partners.) Public health specialists can often locate people even without having their names.

Public health specialists talk with partners privately and inform them that they might have been exposed to STD/HIV. They also help get partners to a doctor or clinic. The public health specialists don't scold people or pass judgement on them. All of the information is kept secret. Also, the identity of the person who gave his or her name is not mentioned to the partner.

Check-up: (Circle answers here only if you can keep this book.)

1. What are the three main reasons why it is important to get a sex or injecting drug use partner to a health care provider?_____
   _____
   _____
2. People can get reinfected with an STD if they resume sex after treatment and the partner has not been treated. TRUE FALSE
3. What is the best way to make sure that a sex partner gets testing and treatment?_____
   _____
4. STD/HIV public health specialists will tell a partner where his/her name was obtained. TRUE FALSE

Answers to Check-up:

1. Preventing serious illness in the partner, preventing reinfection in one's self, and helping control the spread of STD/HIV are the major reasons for getting a partner to testing and treatment.
2. True. A person can become reinfected if sexual activity resumes before an infected partner is also cured.
3. One of the best ways a person can be sure that the partner gets STD/HIV testing and treatment is by taking him or her to the health care provider on the first visit.
4. False. Information about the source of his/her name is kept secret. An STD/HIV public health specialist will never mention a person's name to the partner.

What Do You Think? (Answer these questions in your mind. Don't write them anywhere.)

1. Would most young people feel comfortable taking a sex or injecting drug-using partner with them to an STD/HIV clinic or doctor? Why?
2. How would you feel about telling a partner he/she might have STD/HIV?
3. How would you want to find out that someone had exposed you to STD/HIV? Would most teenagers want to be told by a sex partner or a public health specialist?
4. Is giving a sex partner's name to the STD/HIV public health specialist "squealing?"

Life Situation #5 (Try solving this problem before reading the answer.)

Jarrod learns from his doctor that he has an HIV infection. But, Jarrod doesn't like the idea of telling his partner, Pat. He says that he just doesn't know what to say. He finally decides not to talk with Pat since he believes that the symptoms in Pat will develop soon anyway. Pat then will know that something is wrong and will go to a doctor, says Jarrod.

Question: Was Jarrod correct in not talking to Pat? Why? What are some things that Jarrod could say to Pat? In what other ways could Pat have been informed? (See page 69 for the answers.)

STD/HIV FACT #6
Stopping the Spread of STD/HIV

Did you know that...

- being responsible for your health and the health of any sex or injecting drug-use partner is the best way to stop the spread of STD/HIV.
- informed persons are better able to avoid getting and passing STD/HIV.
- you can serve as a responsible role model and accurate source of STD/HIV information and advice.

Individual Efforts: The Key to STD/HIV Control

STD/HIV have become very common. Millions of persons suffer both physical and emotional damage from these diseases. Young adults, females, and babies suffer the most. Organizations such as the U.S. Centers for Disease Control and Prevention, the American Social Health Association, the American Sexually Transmitted Diseases Association, and local health departments are conducting programs to control some of these diseases. The work of these groups is valuable. However, the best way to fight STD/HIV is by the efforts of individuals. STD/HIV can be controlled, and there are ways you can help.

Being Responsible for Your Health and the Health of Others

One of the best ways you can help control STD/HIV is by taking responsibility for your own health and well-being. This also means being responsible for the health of all sex and injecting drug-use partners. You can do this in several ways.

1. Avoid STD/HIV. Of course, if everyone tried to avoid getting STD/HIV, fewer people would suffer damage from the diseases. People who do not get STD/HIV avoid their health problems and can never pass them on to sex and injecting drug-use partners or infants. The surest way to avoid STD/HIV is not to have vaginal intercourse, anal intercourse, oral sex, or share injecting drug equipment. If a person chooses to have intercourse, it should only be within a long-term, steady, and mutually exclusive sexual relationship. Any sex partner should be chosen with care. For example, persons with STD/HIV symptoms or who have many partners should be avoided. Other risk-reduction measures, such as correct and consistent condom use, are also very important.

2. Pay Close Attention to Your Own Body. If a person has any type of sexual intercourse, oral sex, or shares injecting drug equipment with others, it is important to be alert to any changes in the genitals or other parts of the body. This is especially true if the person has more than one partner. Genital or rectal discharge, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms are the major symptoms of STD infection. Early symptoms of HIV infection include tiredness, swollen lymph glands, fever, loss of weight, diarrhea, and night sweats. Remember, the symptoms of STD/HIV infection are often hidden, absent, or unnoticed.

3. Seek Medical Care. Anyone practicing risky behavior should seek prompt medical care if any of the STD/HIV symptoms appear. For HIV infection, persons having the symptoms should see a health care provider immediately. He or she should also go to a doctor or STD/HIV clinic if the symptoms aren't present, but an STD/HIV infection is suspected. Persons having sex with different partners should have regular STD/HIV check-ups. These check-ups are especially important for females since they often do not have early noticeable symptoms.

4. Avoid Passing on STD/HIV. Once a person knows or even suspects he or she has STD/HIV, being responsible to others means not passing on the infection. This is done by not having sexual intercourse, oral sex, anal intercourse or sharing injecting drug equipment until the disease is cured or until the person finds out that he or she is not infect-

ed. Of course, a person should never share injecting drug equipment. If the person has an incurable STD, such as an HIV infection, the person should practice abstinence or risk-reduction. Also, a pregnant woman with STD/HIV should get proper medical care to avoid passing the infection to her baby.

5. Get Partners to Treatment. The final step is for everyone with STD/HIV to accept responsibility for getting sex and injecting drug use partners to medical care.

Keeping Informed About STD/HIV

Being informed about STD/HIV means that the person knows:

- how STD/HIV are spread
- what to do to keep from getting STD/HIV
- how to recognize an STD/HIV infection
- when and where to go for medical care and other help
- how to get sex and injecting drug use partners to doctors or clinics

Informed persons are better able to avoid getting and passing STD/HIV. They are also more likely to get any suspected STDs treated before serious health problems develop.

By reading this book, you have taken the first step in becoming informed about STD/HIV. You can also stay informed by contacting the CDC National STD & AIDS Hotlines, the National Herpes Resource Center, and the National HPV and Cervical Cancer Prevention Resource Center, as described in STD/HIV FACT #4. See the inside back cover for the toll-free telephone numbers for these hotlines and Internet addresses for the centers. One could contact the previously mentioned American Social Health Association website for teenagers, www.iwannaknow.org. This site provides answers to questions about teen sexual health and the prevention, symptoms, testing, and treatment of important STDs. Other sources that can either provide information or help you get it are:

- parent or guardian
- religious leader
- local health department

- physician or other health care provider
- health teacher or school nurse
- school or other professional counselor

Remember, there's a space on the form on the inside back cover where you can write the place in your community that has STD/HIV information.

Promoting STD/HIV Prevention Efforts

1. Serve as a Responsible Role Model. As you learn about STD/HIV, you can help others avoid STD/HIV infection. One of the most important things you can do is to serve as a positive role model for your peers. If you practice STD/HIV prevention, you are setting a healthy example for your peers and those younger than you. By practicing responsible health behaviors and promoting prevention with your friends you may influence others to practice prevention. Support those who practice prevention. Also, being a responsible role model means that you should not pressure others to practice risky behavior.

2. Promote Healthy Peer Norms. Some teenagers engage in behaviors that expose them to STD/HIV infection. They practice risky behaviors for several reasons. Some believe that many teenagers engage in risky behaviors. These behaviors are considered the standards or "norms" of behavior for all teens. Actually, one study found that many teenagers overestimated the number of their peers who are sexually experienced. Further, these teens underestimated the number who used condoms during sexual intercourse.

Other reasons for risky behavior include being pressured by friends to behave a certain way. Also, some young people believe that certain risky behaviors are the only way to be close to a boyfriend or girlfriend, to have fun, or to be "grown up."

As a person who knows important STD/HIV facts, try to influence your peers' norms to be healthy. You can, for example, inform your peers that not all young people engage in risky behaviors. You can tell them that fewer teens have had sexual intercourse, and more sexually

experienced teens have used condoms than many teens believe. State that avoiding risky behaviors is both "normal" and "wise." You can teach others how to deal with peer pressure. Also, you can help create and promote ways of having fun that do not expose persons to STD/HIV infection.

3. Serve as an Accurate Information Source. You can be a good information source for your friends. Tell them that you have learned about STD/HIV and are willing to talk about it. There are many false ideas about STD/HIV. You can correct such myths by sharing what you have learned. The Division of HIV/AIDS Prevention at CDC has a section on its website called "Hoaxes and Rumors" that provides correct information about the latest HIV/AIDS myths. (Available: www.cdc.gov/hiv/pubs/faqs.) Inform your peers about where they can get more information or help. Finally, you can share this book with your friends, parents, and others.

4. Support STD/HIV Control Efforts. Besides practicing STD/HIV prevention, there are several things you can do to help stop the spread of STD/HIV. For example, you can support STD/HIV prevention in your school or town. Be willing to serve on advisory committees or to testify at hearings about the need for STD/HIV education. Help create an STD/HIV resource center of accurate information in your town or school. The center could contain articles, research reports, pamphlets, and books. Call your state or local health department, or the CDC National STD and AIDS hotlines for free materials. The STD/HIV Summary Sheet found at the back of this guide can be distributed. Seek permission to reprint it in your school newspaper or post it on a school bulletin board.

You could volunteer for STD/HIV control efforts in other ways. For example, you could assist persons with AIDS and their families. Some may need transportation to treatment or help in home care. Call the local health department or STD/HIV clinic to see how you can help. Volunteers also can organize educational programs or direct group efforts to influence guidelines and mandates concerning STD/HIV. Schools, businesses, and government agencies sometimes develop policies and laws concerning STD/HIV. You should be alert to any legislation being

proposed and make your opinions known to officials and legislators. All people can support and promote HIV prevention, research, and health care.

Financial resources are needed to help stop the spread of STD/HIV. Funds can help many projects such as educational programs and medical research. More health care services are also needed. Support services for persons with AIDS are especially valuable. You could help organize and/or support fund-raising drives through a club or similar group.

5. Support a Friend with STD/HIV. Persons infected with STD/HIV sometimes need support and even help. This is particularly true for persons infected with an incurable STD such as AIDS and genital herpes. Many persons with AIDS have been mistreated, while some have lost jobs and homes. Others have been denied medical and social services. Still others have been rejected by family, friends, and co-workers. Therefore, many persons with HIV/AIDS have felt isolated and emotionally distressed. Friends can be very valuable. If a friend of yours develops an STD, such as HIV/AIDS, continue sharing activities and conversation with him or her. The friend may want to discuss worries and concerns. Listen, and remember that you cannot get STD/HIV by being near someone infected with STD/HIV or who has AIDS. You can hug the person and hold his or her hand.

The families of persons with AIDS also need help. They are living with the fact that their loved one is seriously ill. Concerned friends can be very valuable to these families.

Conclusion

Millions of persons suffer physical and emotional health problems from STD/HIV. These diseases are dangerous, but infections are easy to prevent. The organisms that cause STD/HIV are passed almost entirely by actions you can choose to avoid. You, and persons like you, can prevent STD/HIV. How? Make responsible choices and decisions for yourself.

Check-up: (Circle here only if you can keep this book.)

1. People's actions are the most important factors in reducing the spread of STD/HIV. TRUE FALSE
2. What is the best way you can help prevent the spread of STD/HIV?

   _____

   _____
3. Where can you get information about STD/HIV? _____

   _____

   _____
4. What are some ways you can help promote STD/HIV prevention?

   _____

   _____

   _____

Answers to Check-up:

1. True. A person's preventive health behaviors are the most important factors in reducing the spread of STD/HIV.
2. Accepting responsibility for your health and the health of any sex or injecting drug partners is the best way you can help stop STD/HIV.
3. Parents or guardians, religious leaders, teachers, school nurses, counselors, health departments, STD/HIV clinics, and doctors or other health care providers are important sources of STD/HIV information. The CDC National STD & AIDS Hotlines can be called. Also, the American Social Health Association's web site for teenagers concerning sexual health and STDs, www.iwannaknow.org, can be contacted.
4. You can help promote STD/HIV prevention efforts by (1) serving as a responsible role model; (2) promoting healthy peer norms; (3) serving as an accurate information source; (4) supporting STD/HIV control efforts; and (5) supporting a friend with STD/HIV.

What Do You Think? (Answer these questions in your mind. Don't write them anywhere.)

1. Are most young people responsible enough for their own health to keep themselves, and any sex partners, free from STD/HIV? Why?
2. Is it difficult for teenagers to serve as a responsible role model for their peers? Why?
3. Is STD/HIV education needed or is it a waste of time? For example, should STD/HIV be discussed at school, on the Internet, on radio and television, and in the newspapers?
4. If a friend told you that he/she had an STD, such as AIDS, how could you be supportive and understanding? Could you continue being friends?

Life Situation #6 (Try solving this problem before reading the answer.)

Lan is a member of an STD/HIV teenage speaker's bureau from her school. A friend from another school that does not have much STD/HIV education asked her to make a presentation to a club. The main topic she chose to speak about is how each person, individually, can help control STD/HIV.

Question: What are the most important things Lan could say? (See page 69 for the answer.

Possible Solutions to Life Situations

Below are possible solutions to the Life Situation problems presented at the end of STD/HIV FACT #1 through STD/HIV FACT #6.

1. No, they do not realize that STD/HIV are a serious health problem in our country. There are many statistics presented in STD/HIV FACT #1 that you could give them concerning the size and consequence of the problem. Basically, you could tell them that STD/HIV are very common in the United States. Over 15 million new cases of STDs occur in the U.S. each year. The STDs accounted for 87% of all cases of the most frequently reported infectious diseases. Some STDs are more common among teenagers than adults, with about one-fourth of new STD cases occurring in teens. Teens and young adults ages 13-25 are contracting HIV at the rate of two per hour. STD/HIV cases are found everywhere, including small towns and rural areas, suburbs, and large cities. STD/HIV can lead to serious health problems that include damage to the reproductive system and the nervous system. They may even lead to death.

2. Robin should first state that STD/HIV are passed (1) during sexual contact with an infected person; (2) by infected blood such as in injecting drug equipment; and (3) from an infected mother to her child. Robin then can tell Denetra that sexual abstinence and not sharing injecting drug equipment are the surest ways to avoid STD/HIV. Uninfected partners who practice mutual sexual exclusivity in a long-term, trusting relationship or marriage will not get STD/HIV through sexual contact. People with different partners increase their risk of STD/HIV infection. Use of the male latex condom greatly reduces the chance of infection, although it is not 100% effective. A person should also avoid sexual contact with persons who might be at high risk for having STD/HIV. Robin could also

inform Denetra about the major STD/HIV symptoms and about how to get STD/HIV counseling and medical care.

3. Allison did not understand that for many females the early symptoms of STDs are not always noticeable. Often the symptoms do not appear until the STD is well-advanced. If her partner has an STD, Allison may also be infected. She was wrong in believing that she should not stop having sex nor go to a health care provider. Even though a person infected with an STD has no symptoms, the STD can still be passed to others. Actually, most STDs are transmitted when there are no symptoms. Allison should stop having sex with others and immediately go to a health care provider for testing. Her partner did her a great favor by informing her that he was infected. Allison should also encourage any other sex partners to get tested.

4. James should call the local health department. Many towns have public STD or HIV/AIDS clinics run by the health department. The health department is usually listed in the telephone book yellow pages under county or city government offices. Sometimes, the health department is listed in the white pages under "health," or in the blue pages of government listings. If your town does not have a clinic, the local health department can still help you find medical care. Private doctors, family planning clinics, and hospitals can also provide STD/HIV medical care. Finally, James could call the CDC National STD and AIDS Hotlines for the address of the nearest clinic. Antwaan needs to know that teenagers can get STD/HIV medical care in every state without their parents' permission. Also, many clinics will treat a person with an STD for free if money is a problem. To help James deal with his feelings, you could tell him that STDs are very common and that people who get STDs aren't necessarily bad people. All types of people get STD/HIV. The most important thing is for James and any partners to be treated quickly and to avoid STD/HIV in the future.

5. Jarrod should have talked with Pat as soon as possible after discovering he had an HIV infection. He did not realize that it sometimes takes several years for symptoms of an HIV infection to appear. It is important that Pat be informed soon about a possible HIV infection. Then, Pat can receive medical care and, hopefully, avoid passing HIV to others. In talking with Pat, Jarrod could state that what he is going to say is not easy. He should encourage Pat to see a doctor as soon as possible. Jarrod should point out that tests and treatment are confidential. Then he could have offered to go with Pat to a doctor or clinic. If Jarrod could not have talked with Pat, he could have asked the doctor or clinic to notify Pat. An STD/HIV case specialist would then contact Pat, and Jarrod's name would never be mentioned.

6. Lan could tell the club members that being responsible for their own health, and the health of any sex or drug-use partners, is the best way a person can help control STD/HIV. She could continue by stating that being responsible means (1) avoiding STD/HIV exposure; (2) paying close attention to your body and your partner's body for STD/HIV symptoms; (3) seeking medical care if an STD/HIV infection is suspected; (4) not passing STD/HIV on to others; and (5) being sure to get sex partners to a health care provider if you get an STD/HIV. Details about each of the five suggestions should follow. For example, it would be good to describe STD/HIV prevention measures and symptoms. Because their school does not teach much about STD/HIV, Lan could inform them of other STD/HIV information sources.

I Learned That...

DIRECTIONS: This activity can help you review some of the major facts about STD/HIV. Write in what you learned about each topic below. You might want to check your response with information in the STD/HIV Summary Sheet on page 117.

1. About ways STD/HIV are transmitted, I learned that . . . .

2. About how to avoid STD/HIV, I learned that . . . .

3. About how to recognize STD/HIV symptoms, I learned that . . . .

4. About what to do after recognizing STD/HIV symptoms or suspecting an infection, I learned that . . . .

5. About how to get sex and injecting drug use partners to treatment, I learned that . . . .

6. Where to get STD/HIV information and help, I learned that . . . .

7. About ways I can promote STD/HIV prevention efforts, I learned that. . . .

STD/HIV Prevention Action Checklist

Listed below are the behavioral goals of this book. They stress what you can do now and later to avoid STD/HIV. You do *not* have to check any of these actions. But you can use the list to remind yourself of the ways you can help control STD/HIV.

To help stop STD/HIV, I will:

___avoid sexual exposure to STD/HIV.

___not use injecting drugs or share needles.

___resist peer pressure to practice risky behaviors.

___communicate STD/HIV concerns to friends and dates.

___recognize early symptoms of an STD/HIV infection.

___avoid exposing others if an STD/HIV infection is diagnosed or suspected.

___seek prompt medical care if an STD/HIV infection is suspected.

___follow a health care provider's directions if treated for STD/HIV.

___get all sex and drug-use partners to medical care if one has STD/HIV.

___be supportive and helpful to persons infected with STD/HIV.

___serve as an accurate source of STD/HIV information and advice.

___serve as a positive role model to others.

___promote healthy behaviors among peers.

___seek the help of others concerning STD/HIV issues.

___promote STD/HIV prevention, research, and health care.

STD/HIV Avoidance Skills

As stated earlier, teenagers and other young adults often face pressures to participate in STD/HIV risk behaviors. A person needs many skills to resist the pressure and to avoid STD/HIV. These skills can be learned, although it may take much practice over a period of time. To help you become better at some of the STD/HIV avoidance skills, a few of them are addressed below. Try to complete the activities in order, as they provide information that will help you complete the last activity concerning a personal HIV/STD prevention plan.

The activities do not address all of the skills you need. There are other ways you can develop your avoidance skills. For example, you can learn from other school health lessons, your parents, and other adults. Ask the people you trust to help you become better at STD/HIV avoidance skills.

These activities are not required, but you will probably find them fun and valuable. Use another sheet if you cannot keep this book or are concerned that others may see your responses.

ACTIVITY #1: CLARIFYING FAMILY VALUES

Parents or guardians can play an important role in helping a young person form good health values. They can be very helpful in teaching responsible health decisions. It is valuable to clarify your family's values concerning sexual issues, and then be able to talk with them about these values. When this occurs, teens usually make more responsible decisions.

This activity is designed to assist you, your parents or guardians, or trusted adults to talk about sexuality, drugs, and STD/HIV. If for some reason you cannot talk with a parent, discuss the questions with a trusted adult. Together with your parents or trusted adult, answer the questions below.

1. What can be gained from parents discussing sexuality and STD/HIV with their children?

2. What can be done to increase the likelihood that teenagers and their parents will talk about sexuality and STD/HIV?

3. What sexual issues are important for teenagers and their parents to discuss?

4. What are your family's values about sexuality and teens?

ACTIVITY #2: FORMING A RESPONSIBLE SEXUAL CODE OF BEHAVIOR

One aspect of becoming a mature person is developing a responsible sexual code of behavior. That is, each person needs to establish limits to the type of sexual behavior he/she will participate in, and with whom. Some teens have decided not to have any sexual contact with another

person, whereas others have decided to express only certain types of sexual behaviors with others.

To help you establish a responsible sexual code of behavior answer the questions below:

1. What should be considered when forming one's sexual code of behavior? (Example: family values, religion, and age)

   _____
   _____
   _____
   _____

2. What is the value of having a responsible sexual code of behavior?

   _____
   _____
   _____
   _____

3. Who can help a person form and maintain a responsible sexual code of behavior?

   _____
   _____
   _____
   _____

4. What type of situations will help me adhere to my code? (Example: Doing things with a group of friends, instead of one person.)

   _____
   _____
   _____
   _____

5. My responsible sexual code of behavior is...

_____

_____

_____

_____

ACTIVITY #3: TALKING ABOUT PREVENTION

Communicating your values is necessary for avoiding STD/HIV. This activity deals with three aspects related to communication about prevention: (1) talking about prevention with a dating partner with whom you may have sexual contact; (2) opposing pressure lines; and (3) avoiding unwanted behavior.

PART A: TALKING WITH A DATING PARTNER

1. When a person is trying to talk with a dating partner about STD/HIV prevention, the opening line is sometimes the most difficult. Create one or two opening statements that could be used to get the talk started.

_____

_____

_____

_____

2. When talking about STD/HIV prevention, an individual might need to clearly state his or her values. That is, an assertive, rather than a passive, statement should be made. Create one or two assertive statements concerning STD/HIV prevention with a dating partner. (Example of assertive statement: "I will not have sexual intercourse." Example of passive statement: "Even though I am not sure I am ready, I guess we can have sexual intercourse if you really want to.")

_____

_____

_____

_____

3. If a dating partner agrees to practice STD/HIV prevention, it would be good to reinforce his or her decision. What could a person say to a dating partner to praise his or her decision?

_____

_____

_____

_____

4. Sometimes, a dating partner or others will continue to pressure a person to participate in risky behavior despite the person's refusal One way to deal with the situation would be to leave. This may be difficult because the person does not want to lose the dating partner or friend. What could be said if he or she decides to leave the situation, but still wants to maintain the relationship with the dating partner?

_____

_____

_____

_____

5. Practice the above statements with a friend.

PART B: OPPOSING PRESSURE LINES

Most teenagers will at some time be pressured by others to participate in STD/HIV risky behaviors. They may do this by trying to talk you into doing something you do not want to do. One way you can resist this pressure is to be ready with a response.

Create a refusal or opposing statement for each of the pressure statements given below. An example is given to help you understand the activity. Once you have completed the activity, practice using the lines with a friend. Also, you may want to create other pressures lines and ask someone else to help create the opposing line.

Pressure Line 1

If you really cared about me, you would have sex with me. We have been dating a long time and it is time we began having sex.

Opposing Statement

You are right. I care about you and we have been together for a long time. Sex may seem right for you, but I'm not going to be rushed into it. I'm going to wait until it's the right thing for me.

Pressure Line 2

Everyone our age is having sex. We don't want to be different.

Opposing Statement:

_____

_____

_____

_____

_____

Pressure Line 3

I'll quit dating you if we don't have sex.

Opposing Statement:

_____

_____

_____

_____

_____

Pressure Line 4

I don't like using condoms for sex.

Opposing Statement:

_____

_____

_____

_____

_____

Pressure Statement 5

Don't worry about STDs. I don't have one.

Opposing Statement:

_____

_____

_____

_____

_____

Pressure Line 6

The only real way to get high is to use drugs.

Opposing Statement:

_____

_____

_____

_____

_____

Pressure Line 7 (You contribute this one.)

_____

_____

Opposing Statement:

_____

_____

_____

_____

_____

PART C: UNWANTED BEHAVIOR

1. In what situations might unwanted sexual behavior or drug use be more likely to occur?

   _____
   _____
   _____
   _____

2. What types of tactics will people use to get teens to practice risky behavior?

   _____
   _____
   _____
   _____

3. How can a person express love or affection without having sexual intercourse or oral sex? List some ways.

   _____
   _____
   _____
   _____

ACTIVITY #4: CONNECTING WITH SAFE GROUPS

A person's peers can positively or negatively influence one's health decisions. For example, if a teen associates with people who express beliefs about and practice risky sexual behavior, the person will often also express the same beliefs and will more likely practice risky sexual behavior. A teen's connection to a "safe group" is one important way to avoid STD/HIV. A "safe group" includes people or organizations who support and practice individual STD/HIV prevention behavior.

1. How can you find out which groups in your community promote the avoidance of risky sexual behaviors?

_____

_____

_____

_____

2. What are some "safe groups" in your community? (Example: certain groups of teenagers, religious groups)

_____

_____

_____

_____

3. How can you become a member of a "safe group?"

_____

_____

_____

_____

ACTIVITY #5: FINDING HELP

You may need health services related to STD/HIV or more information about STD/HIV. This activity will help you find these by providing directions for contacting (1) your local health department; (2) an Internet information service for teenagers; and (3) a toll-free, information hotline.

PART A: LOCATING YOUR LOCAL HEALTH DEPARTMENT

Most communities have STD/HIV help available. Although there may be several sources of help, contacting the health department is usually the best step. If the health department cannot help you, they can suggest a source who you can contact for help.

DIRECTIONS: With another person, such as a friend, locate the local health department number in the telephone book. The health department is usually listed in the city or county government numbers. Sometimes the health department is listed in the white pages under "health" or under the name of the county in which you live. If you do not know your county, ask another person. Also, the health department may be given in the blue pages of government listings. Call the health department and ask about sources for STD/HIV information, where STD/HIV counseling and testing clinics are located, and if there is a local STD or HIV/AIDS hotline. Write the information on the form located on the inside back cover of this book. (NOTE: If the health department cannot be easily located in the telephone book, call the information operator. Also, a crisis telephone hotline can be helpful.)

PART B: INTERNET INFORMATION SOURCE

As discussed in STD/HIV FACT #4, the American Social Health Association provides an Internet web site, www.iwannaknow.org, specifically for teenagers. Visit this website and list the types of services this site offers.

_____

_____

_____

_____

PART C: TELEPHONE HOTLINE

As discussed in STD/HIV FACT #4, the American Social Health Association provides a toll-free telephone service, the CDC National STD & AIDS Hotlines. The number is 1-800-227-8922. Think of a question about STD/HIV and call to find out the answer.

1. My question is...

_____
_____
_____
_____

The answer was...

_____
_____
_____
_____

2. Describe how you felt calling the hotline. Did the operator make you feel comfortable? Would you call back if you ever needed more information?

_____
_____
_____
_____

ACTIVITY #6: DEVELOPING A PERSONAL STD/HIV PREVENTION PLAN

A person who develops an STD/HIV prevention plan is more likely to make decisions that reflect his or her values. Use the information you learned in this book and from the STD/HIV Avoidance Skills activities to create your own, personal STD/HIV prevention.

1. My personal STD/HIV prevention plan is...

_____
_____
_____
_____

2. How can I prepare myself to carry out the plan?

3. What do I need to do to be sure I can stick to this plan?

SELF-TEST
Discovering What I Know - 2

These questions are similar to the ones given in the front of the book. By answering them, you can learn if your knowledge about STD/HIV has improved. Use another sheet if you cannot keep this book. Again, you are *not* required to answer these questions.

Answer Key:

T = True
F = False

T F 1. Most teenagers underestimate the number of STD/HIV cases among teens.
T F 2. STD/HIV is only a problem in big cities.
T F 3. Young people do not have to worry about STD/HIV.
T F 4. All STDs can be cured.
T F 5. One cannot get HIV from *donating* blood.
T F 6. Abstinence from any type of intercourse and oral sex is the surest way of avoiding HIV/STD.
T F 7. Mutual sexual exclusivity reduces the chances of getting STD/HIV.
T F 8. Male latex condoms reduce the risk of STD/HIV, but they are not 100% effective.
T F 9. A person can usually determine if his or her dating partner has an STD without testing.
T F 10. Not injecting drugs helps one avoid STD/HIV.
T F 11. A person can usually determine if he or she has an STD without testing.
T F 12. STD/HIV can be passed to others only when symptoms of infection are present.

T F 13. Teenagers who have engaged in high-risk behavior can get confidential STD/HIV counseling and testing without their parents consent.

T F 14. A person can learn where to get STD/HIV counseling and treatment by calling the local health department.

T F 15. The best way to fight STD/HIV is by the efforts of individual persons.

ANSWERS: The correct answers are given below. Look up any questions you missed using the page numbers listed below.

1. T (p. 8)	5. T (p. 22)	9. F (p. 27)	13. T (p. 42)
2. F (p. 12)	6. T (p. 25)	10. T (p. 28)	14. T (p. 43)
3. F (p. 12)	7. T (p. 25)	11. F (p. 35)	15. T (p. 59)
4. F (p. 15)	8. T (p. 26)	12. F (p. 39)	

SELF-TEST
Discovering What I Believe - 2

These statements are the same as the ones in the front of the book. It might be fun to see if your beliefs have changed. Circle the letter (D,A) for each statement below that is most like what you think. Use another sheet if you cannot keep this book. Your responses will *not* affect your grade. You are *not* required to take this quiz.

ANSWER KEY:

D = disagree
A = agree

D A 1. People are making too big a deal out of STD/HIV.
D A 2. People get infected with STD/HIV because they are unlucky.
D A 3. Practicing sexual abstinence to avoid STD/HIV is taking the STD/HIV problem too seriously.
D A 4. Using condoms to reduce STD/HIV risk is unwise.
D A 5. Persons infected with STD/HIV don't have any obligation to get their sex partners to a health care provider.
D A 6. STD/HIV doctors and health care providers cannot be trusted.
D A 7. Anyone with an STD/HIV infection who gives the name of a sex partner to a health care provider is a "squealer."
D A 8. People with an STD/HIV infection do not deserve help from others because they get what they deserve.
D A 9. Students with an STD/HIV infection should not be permitted in school.
D A 10. It is best to stop being friends with someone who has STD/HIV.
D A 11. STD/HIV infection is not a problem in my school.
D A 12. STD/HIV education in schools is a waste of time.

RESULTS: If you decided:

D Your beliefs help control STD/HIV.

A You lack an understanding about STD/HIV prevention.

Female Reproductive System

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored until it leaves the body.

CERVIX (SIR-vicks). Lower part of the uterus which extends into the vagina.

CLITORIS (KLIT-or-iss). Small sensitive organ located at the top of the labia.

FALLOPIAN TUBE (fah-LOW-pee-un). A hollow tube through which eggs travel from the ovary to the uterus.

MAJOR LIP or Outer Labia (LAY-be-uh). The larger and more outer lip-like structures that covers the opening of the vagina.

MINOR LIP or Inner Labia (LAY-be-uh). The smaller and inner lip-like structures that cover the opening of the vagina.

OVARY (OH-vuh-ree). One of the two female organs that secrete female hormones and produce ova (eggs).

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

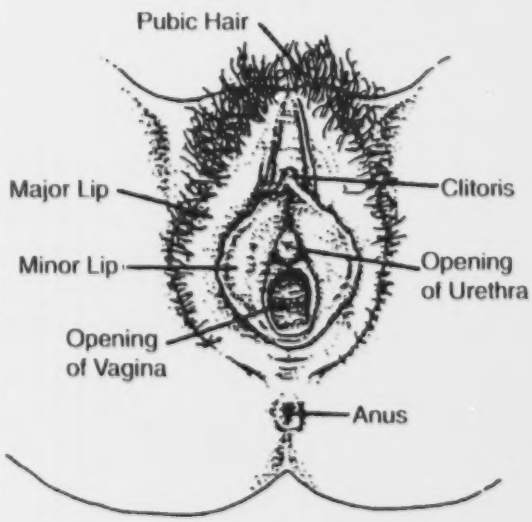
RECTUM (REK-tum). The lowest part of the large intestines.

URETHRA (your-EETH-ruh). The tube through which urine passes out of the body.

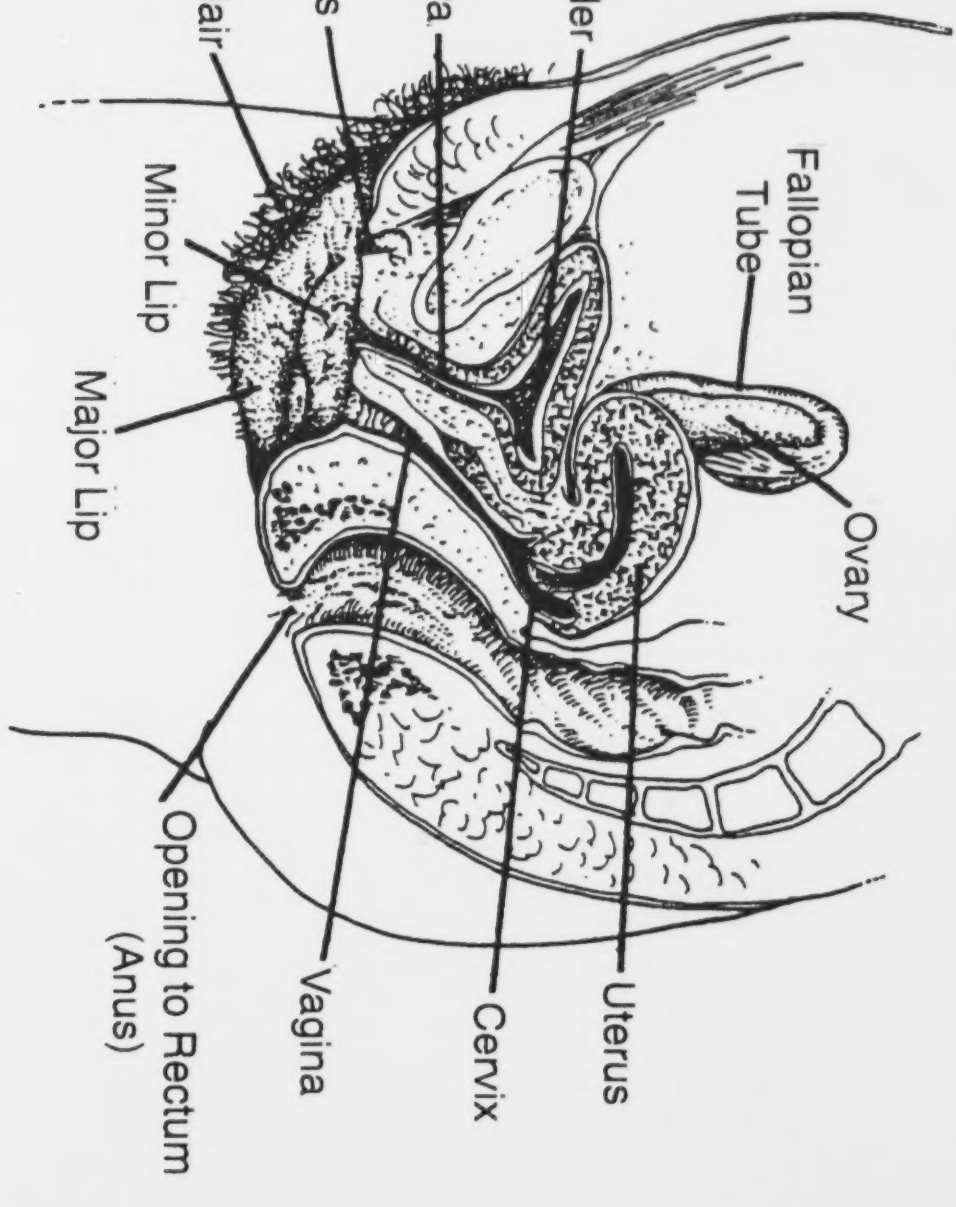
UTERUS (YOU-ter-us). Organ where the fertilized egg becomes implanted and develops into a baby. Also called "womb."

VAGINA (va-JINE-uh). The female birth canal and area that accepts the penis during intercourse.

External structures



External and internal structures: side view



Male Reproductive System

Description of Each Part

ANUS (ANE-us). The rear opening of the digestive tract through which bulk waste (feces) passes out of the body.

BLADDER (BLAD-er). The sac where urine is stored before it leaves the body.

PENIS (PEE-nis). The male sex organ through which urine and semen pass.

PROSTATE GLAND (PROSS-tate). Furnishes most of the fluid that is mixed with sperm before it leaves the body.

PUBIC HAIR (PYOU-bick). Hair that grows around the sex organs.

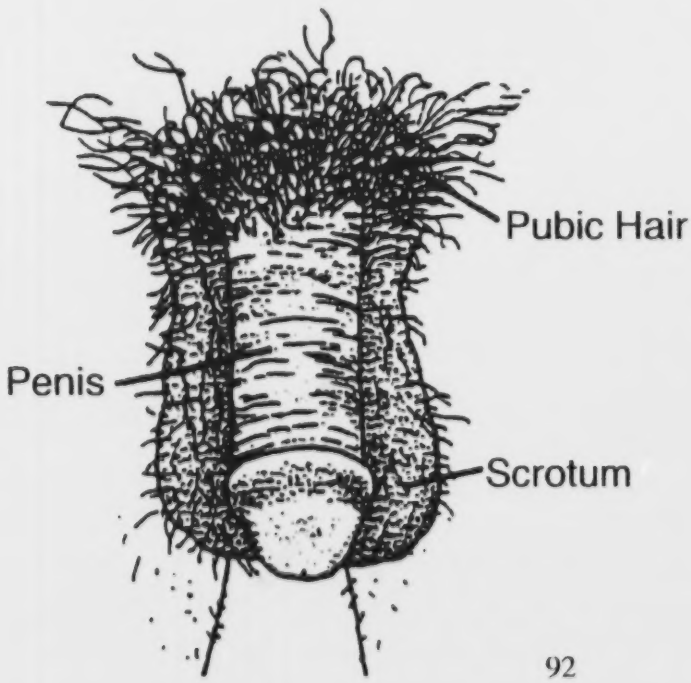
RECTUM (REK-tum). The lowest part of the large intestines.

SCROTUM (SKROH-tum). The external pouch of skin, below the penis, in which the testes are contained.

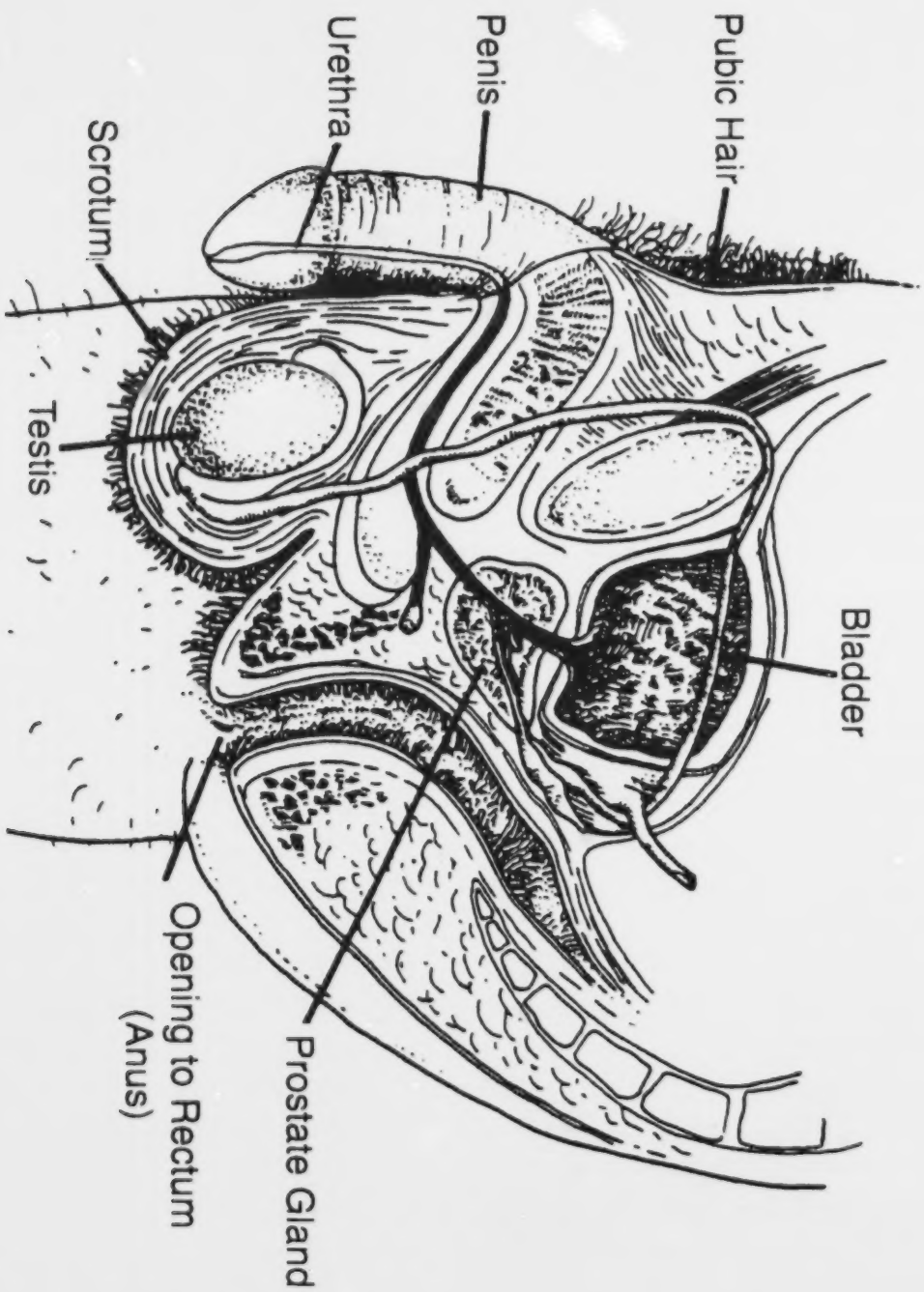
TESTES (TEHS-tees) or TESTICLES (TEHS-ti-kuhls). Two male glands located in the scrotum that produce sperm and male hormones.

URETHRA (yoor-EETH-ruh). The tube through which urine and semen passes out of the body.

External view: front



External and internal structures: side view



SUMMARY CHARTS OF IMPORTANT STDs

Chlamydial Infections (klah-MID-ee-ul in-FECK-shuns)

Other names: Chlamydia, chlamydia trachomatis.

Organism: Bacteria: *Chlamydia trachomatis.*

Transmission: Transmitted during vaginal intercourse, anal intercourse, or oral sex with an infected person. Infants become infected during vaginal childbirth. Highly contagious. Sexually active teenagers and other young adult women may be especially susceptible to chlamydia bacteria because of a more immature cervix.

Incubation: If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

Symptoms: Chlamydia is called a "silent" disease because three-fourths of infected women and half of infected men have no symptoms. Symptoms may develop slowly and are often mild. **Females:** sometimes have a slight abnormal vaginal discharge, itching and burning of vagina, pain during intercourse, possible lower abdominal pain, lower back pain, nausea, bleeding between menstrual periods, and fever in later stages. **Males:** discharge from penis, burning and itching in urethra, pain and possible swelling in the testicles, slight fever, and burning sensation during urination.

Diagnosis: Two types of laboratory tests can diagnose chlamydia: collecting a specimen from an infected site (cervix, penis, anus, throat) to detect the bacterium directly, and detecting chlamydia bacteria in a urine sample. A Pap test is not a test for chlamydia.

Treatment: Easily treated and cured with antibiotics. All sex partners must be treated. Women with chlamydia infections should be tested again three to four months after they finish treatment.

Danger: If untreated, can cause pelvic inflammatory disease (this happens in up to 40% of women with untreated chlamydia), sterility, premature delivery, still births, infant pneumonia and eye infections which can lead to blindness. One in five women with pelvic inflammatory disease will become infertile. Women infected with chlamydia are three to five times more likely to become infected with HIV, if exposed. Can cause proctitis (an infection of the lining of the anus) in persons having receptive anal intercourse. Males can get epididymitis (infection of the epididymis).

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Seeking proper health care can help people from becoming infected or re-infected and from experiencing medical complications. Young, sexually active persons should be screened for chlamydia at least once a year even though they use condoms. All pregnant women should have a screening test for chlamydia.

Comments: Chlamydia is the most commonly reported infectious disease in the United States. Each year an estimated 3 million Americans are infected with chlamydia. Forty percent of chlamydia cases are reported among persons ages 15-19. By age 30, one-half of sexually active women have evidence of a previous chlamydial infection.

Genital Herpes (JEN-a-tal HERP-eez)

Other names: Herpes simplex virus type 1 (HSV-1), herpes simplex virus type 2 (HSV-2).

Organism:	Virus: *Herpes simplex virus.* Found anywhere on the body, but is usually found on the genital area.
Transmission:	HSV-1 and HSV-2 can be released from the sores that viruses cause. They are also released between episodes from skin that does not appear to be broken or to have a sore. HSV-2 is almost always passed during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes fever blisters and can be passed by contact with the saliva of an infected person. HSV-1 infection of the genitals almost always is caused by oral sex with a person having an oral HSV-1 infection.
Incubation:	A few days to about three weeks.
Symptoms:	Many people infected with HSV-2 are not aware of their infection. For those experiencing symptoms, painful blisters or sores on the genitals, rectum, or mouth form, then break, crust over, and heal in two to four weeks. Females may have sores on the cervix without pain. A second crop of sores, flu-like symptoms, fever, and swollen glands may occur during the first episode of sores. Some people with HSV-2 infection may never have sores, or have very mild symptoms that they do not notice or mistake for insect bites or a rash. Most people diagnosed with genital herpes will have typically four to seven recurrences of symptoms a year. However, through time the sores heal faster and occur less frequently. Factors like stress, fatigue, and other illnesses may trigger recurrence of sores in some people.
Diagnosis:	Visual examination, tissue culture, Pap smear, and microscopic slide examination of fluid from sore. HSV infections can be difficult to diagnose between outbreaks. Blood tests which can detect HSV-1 or HSV-2 may help, although results are not always clear cut.
Treatment:	No medicine can cure herpes at the present time. Medications can relieve pain, shorten the time of sores, prevent bacterial infections at the open sores, or prevent outbreaks during the time the person takes the medication.

Danger: Women with HSV may have a greater risk of developing cancer of the cervix (these women should get a Pap test every year). Herpes can be fatal to infants who acquire the disease, and many other infants suffer permanent brain damage. If the mother has an active case at the time of birth, she and her physician should discuss a possible Caesarian delivery. Genital herpes can make an HIV-infected person more infectious, which may have contributed to the heterosexual spread of HIV in the U.S.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Condoms do not always provide protection because the condom may not cover the herpes sores. If a person or the partner has genital herpes, it is extremely important to abstain from sex when symptoms are present and to use condoms between outbreaks of sores.

Comments: More than one in five Americans over the age of 12 have been infected with HSV-2. Up to 1 million new HSV-2 infections occur each year, even though less than one-quarter perceive themselves ever to have had genital herpes. The infection has grown by 30% in the past two decades. Genital herpes is acquired most commonly during the teenage and young adult years. The American Social Health Association has developed a support service for persons with herpes infections called the National Herpes Resource Center. It provides self-help support for groups, a quarterly newsletter, and an Internet chat room (www.ashastd.org/hrc/chat). Call the National Herpes Resource Center at 1-919-361-8488 during weekdays between 9:00 a.m. and 7:00 p.m., ET.

Gonorrhea
(GON-oh-REE-ah)

Other names: GC, clap, drip

Organism: Bacteria: *Neisseria gonorrhoeae.* Can grow in the warm, moist areas of the reproductive tract and in the mouth, throat, and anus.

Transmission: Transmitted during vaginal intercourse, anal intercourse, or oral sex with an infected person. Typically passed by direct contact between the infectious mucous membranes of one person and the mucous membranes of another. Contaminated fingers can pass the organism from infected mucous membranes to the eyes. Acquiring gonorrhea from objects is very unlikely.

Incubation: In males, usually 2 to 6 days, but possibly 30 days or more. Many women who are infected have no noticeable symptoms of infection.

Symptoms: Genitals (penis or cervix), anus, throat, and eyes can be infected. **Males:** burning urination and pus discharge from infection of urethra, painful or swollen testicles (5-20% have no symptoms). **Females:** may have vaginal discharge that is yellow or occasionally bloody, although up to 80% have no symptoms of cervical infection. Symptoms may be mistaken for bladder or vaginal infection. **Both sexes:** mucous discharge from anus, blood and pus in feces, irritation of anus or infection of rectum; often no symptoms or mild sore throat. Infection of eyes is rare in adults.

Diagnosis: Microscopic examination of discharge; culture from possible infection site.

Treatment: Curable with antibiotics.

Danger: Pelvic inflammatory disease (about 1 million women each year develop PID), sterility in both sexes, ectopic pregnancy, prostate damage, scarring of urethra in men, and testicle pain. Persons with gonorrhea can more easily contract HIV. Persons with HIV infection and gonorrhea are more likely than persons with HIV infection alone to transmit HIV to others.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection.

Comments: In 2000, over 350,000 cases of gonorrhea were reported in the U.S. Reported rates of gonorrhea declined steadily until the late 1990's. Recently, the rates of gonorrhea has increased slightly. Gonorrhea may also be on the rise among men who have sex with men and bisexual men.

Hepatitis B (hep-uh-TITE-us)

Organism: Virus: hepatitis B (HBV). Found in saliva, blood, semen, urine, and feces.

Transmission: Transmitted during vaginal intercourse, anal intercourse or oral sex, with an infected person. Can be passed nonsexually from shared razors, toothbrushes, needles, eating utensils, and other similar objects. About two-thirds of HBV cases are spread sexually.

Incubation: 45 to 160 days.

Symptoms: Some persons may not have any symptoms. Others have nausea, fever, flu-like symptoms, loss of appetite, dark "cola-colored" urine, abdominal discomfort, jaundice, yellow eyes, and enlarged liver.

Diagnosis: Blood test.

Treatment: No medical cure. Most people recover within 6 to 8 weeks. Bed rest, good nutrition, and avoidance of alcohol and drugs are recommended.

Danger: Many with HBV will remain infected after initial symptoms subside. They face an increased risk of chronic liver disease, and cirrhosis (scarring) and liver cancer, as well as transmitting HBV infection to others. Premature birth or spontaneous abortion may occur. Infants may be born with HBV acquired from mother.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Razors, toothbrushes, needles, eating utensils or other objects that might have blood on them should not be shared. Tattoos or body piercing should be done at parlors that thoroughly sterilize the instruments used to penetrate the skin.

Comments: About five percent of the U.S. population has been infected with HBV. Annually, an estimated 77,000 new cases of HBV are acquired sexually. An estimated three-quarters of a million people are currently living with sexually acquired HBV. Hepatitis B vaccinations are recommended for people with risk factors for HBV infection. However, many teens and other young adults at risk through sexual or drug behavior have not been vaccinated.

HIV Infection and AIDS

Other names: Human immunodeficiency virus (HYOO-men-im-yoon-oh-de-FISH-un-see VY-rus) or the virus that causes AIDS, acquired immunodeficiency syndrome (un-CHOIR-d im-yoon-oh-de-FISH-un-see SIN-drome)

Organism:	Virus: *human immunodeficiency virus*. HIV attacks the body's immune system, its natural defense against disease.
Transmission:	Transmitted during sexual contact (vaginal intercourse, anal intercourse, or oral sex) with an infected person, through contaminated blood such as in injecting drug equipment, and from an infected mother to her child during pregnancy, childbirth, or breast-feeding.
Incubation:	A few months to ten years or more.
Symptoms:	Early warning symptoms of HIV infection include recurring fever or profuse night sweats; dry cough; severe and unexplained fatigue; swollen lymph glands in the armpits, groin, or neck; diarrhea that lasts more than a week; rapid weight loss; pneumonia; white or unusual spots on the tongue, in the mouth, or in the throat; red, brown, pink or purplish blotches on or under the skin, or inside the mouth, nose, or eyelids; and memory loss, depression, or other nerve problems. Many HIV-infected persons have no symptoms, and are unaware of their infection. Eventually, most persons infected with HIV experience periods of both health and illness. However, over time the symptoms may become more frequent and severe.
Diagnosis:	The presence of HIV is established by a blood test that detects antibodies to HIV. Most people will develop detectable antibodies within three months after infection.
Treatment:	An HIV infection cannot be cured. However, new treatment drugs (highly active antiretroviral therapy or HAART) have dramatically improved the health and lengthened the lives of many HIV-infected persons. These drugs have delayed the progression of HIV to AIDS and progression of HIV to death. These drugs are not effective for all HIV positive persons, are very expensive, and often have negative side effects. Further, drug resistence to the newer treatments is increasing.

Danger: HIV-infected persons may acquire certain severe illnesses, called opportunistic disease. Then the person may be classified as having AIDS. Many of these illnesses can lead to death. Not all HIV-infected persons have developed AIDS, although most probably will as time progresses. A person is more likely to acquire HIV when other STDs are present. An HIV-infected person having another STD is more likely than other HIV-infected persons to transmit HIV through sexual contact.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Injecting drug equipment should not be shared. HIV-infected mothers should not breast-feed. Pregnant women should be tested for HIV as new drugs can lower the chance of an HIV-infected pregnant woman passing HIV to her infant. Instruments used for body piercing and tattooing should be thoroughly sterilized.

Comments: An estimated 800,000 to 900,000 Americans are living with HIV/AIDS. Over 450,000 persons have died from AIDS. Teens and young adults ages 13 to 25 are contracting HIV at the rate of two per hour. The number of new annual cases of HIV has been stable for the last few years at about 40,000. Half of these cases were acquired through sexual transmission. Most AIDS cases have been among men who have sex with men and bisexual men. However, HIV/AIDS is an increasing problem among teenagers, women, and ethnic minorities.

Human Papillomavirus/ Genital Warts (HYOO-men pap-uh-LO-muh VY-rus) (JEN-a-tul WORTS)

Other names: HPV, genital HPV infection, venereal warts.

Organism: Virus: *human papillomavirus*. HPV is the name of a group of viruses that includes more than 100 different strains or types. Over 30 can infect the genital area.

Transmission: The type of HPV that infect the genital area is spread primarily through sexual contact with an infected person. Rarely a pregnant woman can pass HPV to her baby during vaginal delivery.

Incubation: Six weeks to eight months.

Symptoms: Most people who have a genital HPV infection do not know they are infected. The virus lives in the skin or mucous membranes and usually causes no symptoms. Other people get visible genitals warts. The warts can appear on the vulva, in or around the vagina or anus, on the cervix, and on the penis, scrotum, groin, or thigh. Warts can appear within several weeks to several months after contact with an infected person.

Diagnosis: Most women are diagnosed with HPV on the basis of abnormal Pap smears. Genital warts are diagnosed by inspection.

Treatment: Most HPV infections appear to be temporary. Genital warts are extremely common, but can be treated and cured. Visible genital warts can be removed, but no single treatment is ideal for all cases. Warts may be removed with drugs applied directly, or with surgery to remove them. There is no "cure" for HPV, although the infection usually goes away on its own. Cancer-related types are more likely to persist.

Danger: All types of HPV can cause mild Pap smear abnormalities that do not have serious outcomes. About 10 of the 30 identified genital HPV types can lead, in rare cases, to the development of cervical cancer. Cervical HPV infection becomes undetectable for most women (90%) within two years. Persistent cervical HPV infection is a key risk factor for cervical cancer.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Do not have sex with anyone who has genital sores or unusual growths in the genital or anus areas. Condoms can reduce, but not eliminate risk, as the genital warts may appear in areas not covered by the condom. Sexually active women should have regular Pap smears to screen for cervical cancer or precancerous conditions.

Comments: The number of new cases of HPV has dramatically grown in the last two decades. At least 20 million people are infected with HPV with 5.5 million new infections a year. HPV is likely the most common STD among young, sexually active people, particularly women. An estimated 75 percent of the reproductive-age population has been infected with sexually transmitted HPV. The American Social Health Association has developed a support service for persons with HPV called the National HPV and Cervical Cancer Prevention Resource Center. It provides information about HPV and its link to cancer, support for emotional issues surrounding HPV, and an Internet chat room (www.ashastd.org/hpvcerc/chat). Call 1-919-361-4848, 12:00 p.m. to 7:00 p.m., ET, weekdays.

Pediculosis Pubis
(pa-DIK-you-LO-sis PUE-bus)

Other names:	Crabs, pubic lice, and cooties.
Organism:	Louse: *Phthirus pubis.*
Transmission:	Passed by direct contact with an infected person or by infested sheets, towels, and clothing.
Incubation:	Eggs hatch after 5 to 10 days.
Symptoms:	Some persons may not have any symptoms. Others have intense itching, blue or gray spots, and insects or nits (eggs) in the pubic area. Also may have pinhead-size blood spots on underwear.
Diagnosis:	Microscopic examination of nits on hair and locating adult lice adhering to hair.
Treatment:	Cured with special creams, lotions, or shampoos that can be bought at drugstores. Some products require a prescription while others do not. Ask the pharmacist for the correct product.
Prevention:	Sexual contact with person having unusual spots, insects, or nits in the genital area should be avoided. Contaminated clothing, sheets, or towels should be also avoided.
Comments:	To prevent getting the disease again, treatment of sex partner is necessary. Further, clothing and bed sheets should be thoroughly cleaned.

Syphilis
(SIF-i-liss)

Other names: Syph, bad blood, pox.

Organism: Bacteria: *Treponema pallidum.*

Transmission: Passed by direct contact with infectious sores or rashes during vaginal intercourse, anal intercourse, or oral sex. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Pregnant women with syphilis can pass it to their babies. Syphilis cannot be spread by touching objects, such as toilet seats, door knobs, eating utensils, or by being in a swimming pool or hot tub.

Incubation: Ten days to 90 days, with average of 21 days.

Symptoms: **Primary stage:** painless chancre (sore) at site of entry of bacteria and swollen glands. **Secondary stage:** symptoms usually appear one week to four months after appearance of chancre and may include rash, patchy hair loss, sore throat, and swollen glands. Primary and secondary sores will go away even without treatment, but the germs continue to spread throughout the body. **Latent syphilis:** may continue 7 to 20 years or more with no symptoms, but the person is no longer infectious to other people. A pregnant women can transmit the disease to her unborn child. **Late syphilis:** varies from no symptoms to indications of damage to body organs such as brain and heart.

Diagnosis: Physical examination, microscopic slide from sore, blood tests.

Treatment: Easily cured with antibiotics. Treatment of pregnant women with syphilis is necessary to prevent damage to the fetus. There are no home remedies or over-the-counter drugs that will cure syphilis.

Prevention: Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection. Condoms can reduce, but not eliminate risk, as the sores may appear in areas not covered by the condom.

Danger: After many years untreated syphilis can lead to permanent major organ damage, including the brain or heart. The genital sores caused by syphilis in adults make it easier to transmit and acquire HIV during sexual contact. There is a two to five times greater risk of acquiring HIV when syphilis sores are present.

Comments: Rates of syphilis in the U.S. are at the lowest in 20 years. In 2000, about 6000 cases of primary and secondary syphilis were reported in the U.S. The incidence of new cases is so low that the U.S. Centers for Disease Control and Prevention has developed a national campaign to eliminate syphilis.

Trichomoniasis (TRIK-uh-moe-NYE-uh-sis)

Other names: Trich.

Organism: Protozoan: *Trichomonas vaginalis.*

Transmission: Usually transmitted during vaginal intercourse or vulva-to-vulva contact with an infected person. Women can acquire the disease from infected men or women, whereas men usually acquire the disease only from infected women. Can also be transmitted through contact with wet objects, such as towels, washcloths, and douching equipment.

Incubation: 4 to 20 days, with an average of 7 days.

Symptoms:	Most women and few men have symptoms of infection. **Females:** Frothy, yellow-green vaginal discharge with a strong odor, discomfort during vaginal intercourse and urination, irritation and itching of the genital area, and in rare cases, lower abdominal pain. **Males:** irritation inside penis, mild discharge, or slight burning after urination or ejaculation.
Diagnosis:	Microscopic slide of discharge, culture test, physical examination.
Treatment:	Curable with oral medication. Both partners should be treated at the same time.
Danger:	May cause pre-term delivery in pregnant women. Women having the genital inflammation caused by trichomoniasis may have an increased risk of acquiring HIV if exposed to HIV. Women who have both trichomoniansis infection and an HIV infection also have an increased chance of transmitting HIV to a sex partner.
Prevention:	Avoiding risky sexual behavior and the correct and consistent use of male latex or polyurethane condoms can help protect against infection.
Comments:	Trichomoniasis is the most common curable STD in young, sexually active women. An estimated five million new cases occur each year in women and men.

PRONOUNCING GLOSSARY

abdominal (ab-DOM-i-nul). In the belly or stomach area.

AIDS The acronym or initials for the illness acquired immunodeficiency syndrome.

anal intercourse (A-null IN-ter-course). Sexual union involving the penis in the rectum.

anonymous (uh-NON-uh-mus). The person's identity is unknown.

antibody (AN-ti-bah-dee). Substance in the blood produced by the immune system. Antibodies destroy germs that enter the body.

bacteria (bac-TEER-ee-uh). Living, one-celled microorganisms. Some may cause disease while others are beneficial.

bisexual (by-SEK-shoo-ul). Sexual attraction and interest directed toward both females and males.

blood transfusion The injection of blood into another person.

casual contact (KAZ-you-ul KON-takt). Non-sexual body contact including touching, hugging, handshaking, and sitting closely together.

CD4 A type of cell that helps protect the body against infection. Relative to diagnosis of AIDS, the number of these cells in a cubic milliliter of blood.

cervix (SIR-vicks). The lower opening of the uterus (or womb) in the female.

communicable disease (KOM-UNE-ik-ah-bl di-zeez). Diseases that can be passed along from person to person. Caused by bacteria, viruses, and other organisms.

condom (KON-dom). A rubber cover or sheath worn over the penis. Used during sexual activity to prevent STD/HIV and pregnancy.

confidential (kon-fa-DEN-shul). Secret or private matters; no one else is told.

diagnose (die-ag-NOS). Identifying which disease a patient has.

ectopic pregnancy (ek-TOP-ik PREG-nun-see). The implantation of a fertilized egg outside of the uterus, usually in the fallopian tube.

epidemic (EPP-uh-dim-ik). The wide occurrence of a disease.

HAART The initials for highly active antiretroviral therapy, a new treatment for HIV/AIDS.

heterosexual (HET-eh-row-SEK-shoo-ul). Sexual attraction and interest directed toward the other sex.

HIV The acronym or initials for *human immunodeficiency virus*, the cause of AIDS.

homosexual (HO-muh-SEK-shoo-ul). Sexual attraction and interest directed toward persons of the same sex.

HPV Human papillomavirus. Genital warts is a common type.

illicit drugs (ih-LIS-it) Illegal drugs such as heroin.

immune system (im-YOON). A body system that fights germs that enter the body.

immunity (im-YOON-ih-tee). Protection from acquiring a disease.

incubation period (in-kew-BAY-shun). The period between the time a person is first exposed to a disease and when the symptoms appear.

infectious diseases Diseases caused by germs such as viruses and bacteria.

injecting drug (in-truh-VEE-nus). A drug injected by needles into a person's veins.

injecting drug equipment Devices used to inject drugs, mainly syringes and needles.

masturbation (MASS-ter-BAY-shun). Touching of the genitals for pleasure.

MSM The acronym or initials meaning men who have sex with men. Sometimes also called gay.

multiple sex partners Having different sex partners over time.

mutual sexual exclusivity A relationship in which the two people have sex only with each other.

N-9 The initials for nonoxynol-9, a spermicide.

opportunitic disease (OP-poor-tune-IS-tic). A disease or infection acquired by persons whose immune system is weakened or damaged by HIV. A healthy immune system usually can fight off the disease or infection.

oral sex Touching a partner's genitals with one's mouth. Could also mean one's mouth touching partner's anus.

pelvic inflammatory disease (PEL-vik-in-FLAM-uh-tor-ee). An infection in females of the pelvic organs, such as the uterus and fallopian tubes. Also called PID.

penis (PEE-nis). The male sex organ through which semen and urine pass.

peer A person of the same rank, value, ability, etc.

pre-cum Liquid coming from tip of penis, prior to ejaculation.

protozoan (PRO-ta-ZOH-an). A simple one-celled animal that chiefly lives in water. Can be seen only with a microscope.

public health specialist A person from the STD clinic, HIV/AIDS clinic, or health department who provides STD/HIV information to patients and who is trained to locate sex partners of a person with an STD.

rates Relative to STD/HIV, the number of cases per 100,000 persons for a 12-month period.

rectum (REK-tum). The lowest part of the large intestines.

resistant (ree-ZISS-tant). In reference to disease organisms, the organisms become so strong that some drugs will not destroy them.

risk reduction Individual actions designed to decrease the chances of harming one's health.

risky behavior Individual actions that might lead to harming one's health.

semen (SEE-men). The fluid that is expelled from the penis during sex.

sexual abstinence (AB-sta-nence). Not having sex with another person.

sexual code of behavior The rules used by a person in determining which sexual behaviors he or she will participate in and will avoid.

sexual orientation (OR-ee-in-TAY-shun). Whether a person is bisexual, heterosexual, or homosexual.

sexually active The person is currently having sexual intercourse with another person.

sexually experienced The person has had sexual intercourse sometime in his or her life.

sexually transmitted diseases (SEK-shoo-ul-ee TRANS-mit-ed di-ZEEZ-es). Diseases most often passed from person to person through sexual contact.

spermicide An agent that kills sperm.

STDs The acronym or initials for "sexually transmitted diseases."

sterility (stuh-RILL-i-tee). Inability of male or female to reproduce or have children because of damaged parts of the reproductive system.

stigma (STIG-muh). A mark of disgrace. Detracts from the reputation of a person or group.

symptoms (SIMP-tums). Subjective evidence of an illness. Changes in a person's health that can be seen or felt.

syringe (suh-RINJ). A medical instrument used to inject fluids into the body.

transmitted (TRANS-mit-ed). Passed along from one person or place to another.

urethritis (yoor-eeth-RIGHT-us). Infection of the urethra, the tube through which urine passes out of the body.

vaccine (VAK-seen). Weakened or killed disease organisms given to people to prevent an infectious disease. A vaccine makes the person immune to that disease.

vagina (va-jINE-uh). Also called the birth canal. The area that leads from a woman's uterus (womb) to the outside of her body.

vaginal fluids (VAJ-eh-nul). Fluids within the vagina produced by the female reproductive glands.

vaginal intercourse (VAJ-eh-nul). Sexual union involving the penis in the vagina, commonly called "sexual intercourse."

values (VAL-yoos). A strongly held belief or principle.

virus (VY-rus). A small organism that can cause disease.

wart (WORT). Raised growth, usually hard and dry, caused by a virus.

WSW The acronym or initials meaning women who have sex with women. Sometimes also called lesbian.

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STD/HIV Summary Sheet

Sexually transmitted diseases (STDs), including HIV infection and AIDS, are a major health problem in the United States. More than 15 million people in the U.S. become infected with an STD each year. About one-fourth of the new STD cases occur in teenagers. Young adults ages 13-25 are contracting HIV at the rate of two per hour. STDs are "hidden" epidemics because many Americans are unaware of how serious the STD epidemics are in the U.S, and many STDs do not show early symptoms. Social stigma hinders open discussion about STDs. Most sexually active teens underestimate their risk for STD/HIV. An untreated STD can lead to sterility, pelvic inflammatory disease, infant damage, mental illness, cancer, and death. Anyone, regardless of age, gender, race/ethnicity, social status, or sexual orientation can get STD/HIV. What a person does—not who they are—exposes them to STD/HIV.

WHAT ARE STD/HIV? More than 25 diseases are classified as STDs. Important STD include chlamydia infections, genital herpes, gonorrhea, hepatitis B, HIV infection and AIDS, human papillomarvirus/genital warts, pediculosis pubis, syphilis, and trichomonasis.

HOW ARE STD/HIV SPREAD? STD/HIV are caused by germs passed during vaginal intercourse, anal intercourse, or oral sex with an infected person. HIV, the virus that causes AIDS, can also be passed through blood such as from the sharing of injecting drug equipment. An infected mother can pass STD/HIV to her child. A person can get the same STD many times and have more than one STD at a time. A person is more likely to become infected with HIV when other STDs are present.

AVOIDING STD/HIV. Practicing sexual abstinence is the only completely reliable way to avoid STD/HIV. People who do not have any type of sexual intercourse or oral sex will not be exposed to any serious STDs unless they share injecting drug equipment. STD/HIV can also

be avoided by two uninfected people having sex only with each other. Persons with many sex partners have the greatest chance of getting STD/HIV. People can reduce their chances by consistently and correctly using a male latex or polyurethane condom and avoiding people who are at risk, such as those having many sex partners. Spermicides or condoms with nonoxynol-9 should not be used for STD/HIV prevention alone. Not having sexual contact with injecting drug users or sharing injecting drug equipment are other ways to avoid STD/HIV. Persons with different partners, especially women, should have regular STD/HIV check-ups.

RECOGNIZING AN STD/HIV INFECTION. Persons practicing risky sexual behaviors need to be alert for STD/HIV symptoms. The major STD symptoms are: (1) genital or rectal discharge; (2) abdominal pain; (3) pain during urination; (4) skin changes; (5) genital itching; and (6) flu-like symptoms. Early warning symptoms of infection with HIV include: (1) recurring fever or profuse night sweats; (2) dry cough; (3) severe and unexplained fatigue; (4) swollen lymph glands in the armpits, groin, or neck; (5) diarrhea that lasts more than a week; (6) rapid weight loss; (7) pneumonia; (8) white or unusual spots on the tongue, in the mouth, or in the throat; (9) red, brown, pink, or purplish blotches on or under the skin, or inside the mouth, nose, or eyelids; and (10) memory loss, depression, or other nerve problems. Each of these symptoms can be related to other illnesses. Many men and women, but especially women, with an STD have no early symptoms. For some STDs, the symptoms disappear without treatment. But, most STDs can be passed to others when the symptoms are not present. Persons suspecting an STD/HIV infection should stop having sex, go to a doctor or clinic right away, and take their partners with them.

SEEKING TREATMENT. Persons who think they might have STD/HIV should not try to diagnose or treat their own condition. Only a health care provider can do these things. Most STDs can be cured easily and quickly. Those caused by a virus, such as HIV infection and AIDS, and

genital herpes cannot be cured. No body damage may occur if an STD is treated soon enough. In every state, minors can get STD/HIV counseling, testing, and treatment without parental consent. Anyone being treated for STD/HIV should follow the health care provider's directions. STD/HIV diagnosis and treatment is available from: (1) STD and HIV/AIDS clinics; (2) private doctors; (3) family planning clinics; (4) hospitals; and (5) other health care clinics. Calling the local health department is one of the best ways of finding STD/HIV medical care in your town. The health department is usually listed in the telephone book yellow pages under county or city government offices. Sometimes the health department is listed in the white pages under "health" or under the name of the county in which you live. If you do not know your county, ask another person. Also, the health department may be given in the blue pages of government listings. Further, to get the location of the nearest STD or HIV/AIDS clinic or to get the latest information, call (for free) the CDC National STD & AIDS Hotlines at 1-800-227-8922. Spanish speaking callers dial 1-800-344-7432 and hearing impaired callers dial 1-800-243-7889. Young people can also get the latest STD/HIV information from, www.iwannaknow.org, an Internet website specially designed for teenagers.

GETTING PARTNERS TO TREATMENT. Persons with STD/HIV should be sure to get their partners to medical care. This is best done by taking the partner to a doctor or other health care provider. The partner can be told in person or over the phone (but not by e-mail) that he or she might be infected. A person can ask the health care provider to have the partner informed by an STD/HIV disease intervention specialist.

CONCLUSION. Each person's efforts is the best way of stopping STD/HIV. People can do this by being responsible for personal health and the health of any sex partners. A person can help wipe out STD/HIV myths by acting as an accurate source of STD/HIV facts and by being helpful and supportive to friends who get an STD/HIV. Also, a person can serve as a responsible role model and promote healthy peer norms.

About the Author

Dr. William L. Yarber is a professor of applied health science and adjunct professor of gender studies at Indiana University, Bloomington. He is also senior director of the Rural Center for AIDS/STD Prevention and research fellow at The Kinsey Institute for Research in Sex, Gender, and Reproduction. He is a former public high school health science and biology teacher, and has also taught at Purdue University and the University of Minnesota.

Professor Yarber has published extensively in scholarly and scientific journals concerning HIV/STD education and sexuality-related risk behaviors of adolescents and other young adults. He published the school curricula, *Looking into AIDS; AIDS: What Young Adults Should Know;* and *STD: A Guide for Today's Young Adults.* He is co-author of one of the most widely used college human sexuality textbooks. Dr. Yarber also has received numerous federal and state grants to support his curriculum development and research.

Professor Yarber is a past president of the Society of the Scientific Study of Sexuality and chair of the board of directors of the Sexuality Information and Education Council of the United States. He has received the President's Award for Distinguished Teaching and the Graduate Student Outstanding Faculty Mentor Award at Indiana University and the American Association of Health Education's Scholar Award. Professor Yarber has also received the American School Health Association Research Council Award for outstanding research on adolescent sexuality. Dr. Yarber has presented papers at numerous national and international conferences, and has conducted workshops on AIDS and STD education for school districts and professional organizations in the United States and other countries.

This curriculum is dedicated to Margaret, Brooke, and Jessica.

SOURCES OF STD/HIV HELP

Community Sources for STD/HIV Help and Information

_____

_____

_____

_____

CDC National STD & AIDS Hotlines

English-speaking: 1-800-227-8922
24 hours a day, 7 days a week

Spanish-speaking: 1-800-344-7432
8:00 a.m. - 2:00 a.m., ET, 7 days a week

Hearing-impaired: 1-800-243-7889
10:00 a.m. - 10:00 p.m., ET, weekdays

National Herpes Resource Center

www.ashastd.org/hrc/index

National Herpes Hotline:
1-919-361-8488, 9:00 a.m. - 7:00 p.m., ET, weekdays

National HPV and Cervical Cancer Prevention Resource Center

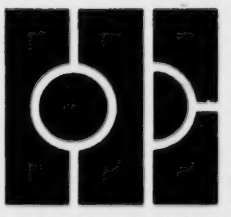
www.ashastd.org/hpvccrc/index

National HPV Hotline:
1-919-361-4848, 12:00 p.m. - 7:00 p.m. ET, weekdays

www.iwannaknow.org

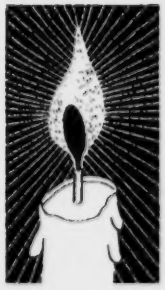
HIV/STD website directed specifically for teenagers.

Minors can get STD/HIV counseling, testing and treatment without parent consent in every state



American
Association for
Health Education

An association of the American Alliance
for Health, Physical Education, Recreation and Dance



RURAL CENTER for
AIDS/STD PREVENTION

A Joint Project of
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Purdue University, and
Texas A&M University

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